

**FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE**

(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING

AUG 31 1961

Division of Administrative Procedure

ENDORSEDAPPROVED FOR FILING
(GOV. CODE 11380.2)

AUG 31 1961

Division of Administrative Procedure

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Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

State Department of Social Welfare

(Agency)

Dated: August 30, 1961

By: *[Signature]*

Director

(Title)

FILEDIn the office of the Secretary of State
of the State of California

AUG 31 1961

At 3:55 o'clock P.M.

FRANK M. JORDAN, Secretary of State

By: *[Signature]*
Assistant Secretary of State

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D-016.13 RECIPIENT MOVES TO ANOTHER COUNTY TO "MAKE HIS HOME"

D-016.13

A recipient is considered "to make his home" in the county in which he is physically present. When a recipient moves from one county to another pursuant to W&IC Section 432, Item (b), he is considered "to make his home" in the county to which he has so moved and intercounty transfer arrangements are initiated immediately.

Exceptions:

1. If the recipient is maintaining a living place in some other county than that in which he is physically present and plans to return to that living place within four months, it is considered that he "makes his home" in the county in which such living place is maintained. (The four months starts to run from the date the county paying aid determines that the recipient is "maintaining a home" in some county other than that in which he is physically present. If he fails to return to that home within the four-month period, he is considered to have removed to the county in which he is physically present "to make his home.")
2. When the county in which the recipient "makes his home" does not have adequate facilities to care for the recipient and as a result places him in a nursing home or hospital in another county, the county in which the recipient "makes his home" remains unchanged by such placement for as long as circumstances beyond his control require that he remain in another county.
3. The county in which a recipient "makes his home" is not changed during any absence from the state provided residence outside the state is not established.
4. A regular student at a college, university, or other school, including a trainee who is enrolled in a short period of training who is a recipient of Aid to the Disabled through a county other than that in which the school is located, is considered "to live" in the county paying the aid at the time of enrollment in the school or training plant, provided it is the recipient's plan to return to that county upon completion of the school term or training. If the recipient fails to return to the county paying aid, after completion of the training period, he is considered to have removed to the county in which he is physically present "to make his home".

These Regulations are designated to become effective September 15, 1961

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FILING ADMINISTRATIVE REGULATIONS
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(Pursuant to Government Code Section 11380.1)

Regulations

DETERMINATION OF ELIGIBILITY

D-010.20

D-010.20 COUNTY RESPONSIBILITY FOR APPLICATIONS, REAPPLICATIONS,
AND RESTORATIONS

D-010.20

A. DEFINITIONS

1. "Applicant," as referred to herein, includes the person making an initial application for aid (see Sec. D-010.10, 2B), a reapplication (see Sec. D-010.10, 2D), or a request for restoration (see Sec. D-010.10, 2C).
2. "County where the applicant lives," as referred to in W&IC Sec. 432, is the county where such person is physically present at the time of application.

Exceptions:

- a. When a living place in another county is being maintained to which the applicant plans to return within 45 days of the date of application, he is considered "to live" in such other county.
- b. An applicant in a state hospital awaiting leave or discharge, is considered "to live" in the county in which he will be physically present upon release from the hospital. If, at time of application, it has not been determined where the patient will "live" upon release, he is considered "to live" in the county from which he was committed to the institution.
- c. When the county in which an applicant normally lives does not have adequate facilities to care for the applicant and as a result the county places him in a nursing home or hospital in another county, the applicant is considered to continue "to live" in the county making the placement for as long as circumstances beyond his control require that he stay outside the county.

B. ACCEPTANCE AND PROCESSING OF APPLICATIONS

The "county where the applicant lives," as defined in "A2" above, shall accept the application, make the necessary investigation (see Sec. D-012), and grant or deny aid (see Sec. D-014).

When an applicant is physically present in one county, but "lives" in another county, the county where he is physically present shall assist in completing the application, obtain pertinent information and immediately send the application to the county in which the applicant lives. The county in which he "lives" shall accept the application, determine eligibility and grant aid if eligibility is established.

When the applicant moves from one county to another to make his home (see Sec. D-016.13) after the application has been signed but before the county has acted thereon, the county receiving the application shall complete the investigation and authorize aid if eligibility exists. Intercounty transfer is then initiated with the county in which the recipient is making his home (see Sec. D-016).

CALIFORNIA-SDSW-MANUAL-ATD

Rev. 504 replaces Issue 01-21

Effective 9/15/61

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D-011.30 WHERE APPLICATION TO BE MADE

D-011.30

A person has a right to apply for ATD in any county in which he is physically present. (See Sec. D-010.20).

D-012.40 METHOD OF INVESTIGATION

D-012.4

In addition to the code provisions (W&IC 19, 103.3, 118, 426, 429, 4002, 4180, 4181) the following rules govern the method of investigation:

1. The records or documents in the applicant's possession shall be used whenever possible in preference to obtaining information through other sources.
2. The exploration of facts concerning eligibility shall be a joint responsibility of the county and the applicant.
Exception: If an applicant is unable to present information to establish his eligibility, his needs and income, the worker shall take the initiative in obtaining information.
3. Investigation shall be undertaken with the full knowledge and consent of the applicant. A signed consent is obtained from the applicant and his spouse, if married. (See Handbook Sec. D-025.05)
Exception: If the county determines that lack of a signature will not materially impede the investigation, the requirement for a signed consent may be waived for (a) the spouse whose whereabouts are unknown, or (b) the recipient or spouse who is mentally disturbed and refuses or is unable to sign.

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D-017 DISPUTE REGARDING COUNTY RESPONSIBILITY

D-017

When a county wishes to refer a dispute to the SDSW under the provisions of W&IC 430, Form DPA 6, Appeal as to Responsibility for Support, signed by the chairman of the board of supervisors is sent in triplicate to the SDSW. The county also sends copies of documents, correspondence, etc., which are pertinent to a determination of county responsibility and a summary of its contention in the dispute. When responsibility for payment is found to be in a county other than that paying aid, intercounty transfer shall be initiated. (The SDSW will make any claim adjustments which are indicated based on appropriate county responsibility but such adjustments will not antedate the first of the month in which the Appeal Form DPA 6 was received by the SDSW.)

D-114.30 RESTORATION FOLLOWING ABSENCE FROM STATE

D-114.30

Pursuant to W&IC Sec. 103.4, when a former recipient whose aid was discontinued on the grounds that he established residence in another state, returns and reestablishes residence in this State within one year after leaving, the usual requirement of one year's residence in the State immediately preceding application for aid, is waived. For purposes of ATD, such former recipient is considered to have the required period of State residence immediately upon his return to the State. If otherwise eligible, aid is to be restored effective the 1st of the month following his application or request for restoration.

D-223 BEGINNING DATE OF AID

D-223

Subject to the provisions of W&IC 103.4, 104.1, 4181.5, and 4182, the beginning date of aid is determined as follows:

1. When aid is authorized in the same month in which the application is signed or restoration requested, aid is paid from the date of signing of the application or requesting restoration.

Exception:

If the recipient transfers from one county to another, payment of aid must be continuous and when necessary to make payment continuous, the beginning date of aid in the second county may antedate the signing of the application in the second county.

2. When aid is authorized in a month subsequent to that in which the application is signed or restoration requested, aid is paid from the first day of the month in which authorization action is taken.
3. Aid which is authorized on an application which was previously denied as provided in Sec. D-227.60 is paid from the date it would have been paid had there been no denial action.
4. If an application was denied following determination by SDSW that the applicant did not meet the disability requirements and subsequent medical, psychological, psychiatric and/or social data report results in a reversal of this decision, SDSW shall specify the date on which disability shall be considered to have existed for purposes of eligibility and aid is paid in relation to that date. (See Sec. D-227.60, Item 2, b.)

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Regulations

RECORDS, FORMS AND CONTROLS

D-021

D-021

COUNTY RESPONSIBILITY FOR CASE RECORDS

D-021

The county is responsible for maintaining a case record for each applicant and/or recipient which identifies the individual, his address, and household composition, and which shows:

1. The pertinent information obtained during the investigation conducted in accord with the requirements of Secs. D-012.40 and D-012.50, and the sources from which it was secured.
2. That evidence was evaluated as required in Sec. D-012.60.
3. The needs of the individual and the money amounts allowed and the needs of the individual which cannot be met through the grant. If a special need is included in the grant, the case record shall substantiate the basis for the allowance.
(See Chapter D-20)
4. That income and resources were explored as required by Sec. D-212, and that the amount was computed as specified in Sec. D-212.30, et seq.
5. The original or a copy of all forms completed during the original and subsequent investigations, and relating to any transfer of responsibility for payment of aid between counties except (1) when the date DA 239 was mailed is recorded elsewhere, or (2) when the record contains a cross-reference to Form ABD 236 A or B; requests for restoration as defined in Sec. D-010.10, correspondence to and from the county pertinent to the individual's eligibility, his grant, and/or activities toward meeting economic and social needs.
6. The computation of the amount of any overpayment, and the amount of repayment due, if any; a copy of any demands for repayment; the facts regarding the determination of the debtor's ability to repay and collection activity as required by Sec. F-420, et seq., unless this information is recorded centrally elsewhere.
7. A narrative or text containing relevant data (including dates) secured during client or collateral contacts, which does not appear elsewhere in the case record (or which is necessary to augment or reconcile data or information recorded in forms or correspondence); entries to reflect the client's reaction to or understanding of the county's interpretation of his rights and responsibilities.
8. A record of facts reported by the applicant or recipient as required by W&IC 103.3(b).
9. The basis for the decision that the individual met, or did not meet, the conditions of eligibility.
10. The county action granting, denying, changing, suspending, cancelling or discontinuing aid.

(Continued)

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D-021 (Continued)

D-021

11. That service needs of the recipient were explored, and plans developed for meeting such identified needs including plans for physical, economic and social rehabilitation.
12. A record of all medical care the cost of which was met either through the Medical Care Fund or by direct vendor payment as provided in Regulation Section D-211.
13. For a recipient in a public medical institution:
 - (a) Whether or not he requires assistance in making full use of the personal and incidental needs allowance

and
 - (b) The basis for the determination
 - (c) If assistance is required the relative, agency or other person currently assisting him

and
 - (d) The plan arrived at with the recipient and worker for the use of the recipient's allowance for personal and incidental needs, and any action taken by the worker, agency or person assisting in the plan.
(See Handbook Sec. D-225.)

D-022.70 DESTRUCTION OF CASE RECORDS

D-022.70

The confidential nature of records is to be safeguarded when such records are destroyed.

That part of the case record (see Section D-021) which constitutes the case history is subject to destruction only in accordance with W&IC 220.

Those items in the case record which are not a part of the case history are subject to destruction in accordance with either W&IC 220 or the retention schedule in Section D-022.72.

D-022.71 DEFINITION OF CASE HISTORY

D-022.71

The case record items which constitute the case history are:

1. Supporting documents
 - a. Application (Form DA 200)
 - b. Affirmation of Eligibility (Form DA 206)
 - c. Verification of Residence (Form ABD 221)
 - d. Evidence verifying ownership and value of property
 - e. Evidence verifying income and needs
2. Narrative as described in Section D-021, Item 7
3. Overpayment information as listed in Section D-021, Item 6

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IS

D-117 COUNTY RESPONSIBILITY

D-117

No period of residence in the county prior to application is required. However, the county in which a person lives is determined in order to fix county responsibility for investigation and payment. (See Secs. D-010 and D-010.20, County Responsibility for Applications, Reapplications and Restorations, and Sec. D-016, Intercounty Transfers.)

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CERTIFICATE OF COMPLIANCE
Under Sec. 11422.1 Government Code

I hereby certify that prior to the adoption of the emergency regulations set forth below Sections 11423, 11424 and 11425 of the Government Code were complied with:

Department Bulletin No. 609 (MC) filed with the Secretary of State June 28, 1961

MC-031.6 filed with Secretary of State June 28, 1961

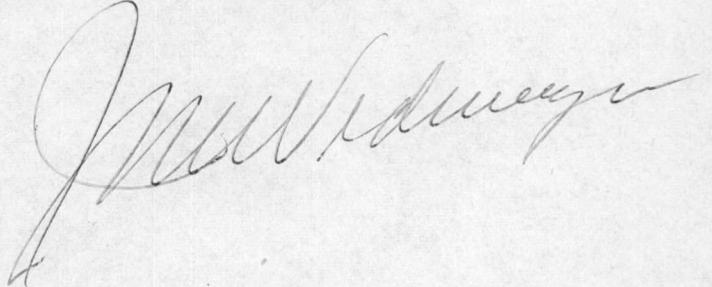
C-319 filed with Secretary of State July 28, 1961

F-525,A,C, filed with Secretary of State July 28, 1961

F-730,A filed with the Secretary of State July 28, 1961

Repeal of Department Bulletin No. 597 (MC) filed with the Secretary of State June 28, 1961

Repeal of Department Bulletin No. 597-A (MC) filed with the Secretary of State June 28, 1961



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STATE SOCIAL WELFARE BOARD

FINDING OF EMERGENCY

The following regulations are adopted as emergency measures necessary to the immediate preservation of the public health, safety and general welfare within the meaning of the provisions of Section 11421(b) of the Government Code:

Old Age Security Manual Sections

A-114.30, A-201, A-207, A-207.4 and A-223

Aid to the Blind Manual Sections

B-114.30, B-201, B-207, and B-223

Aid to Disabled Manual Sections

D-010.20, D-011.30, D-012.40, D-016.13, D-017, D-021, D-022.70,
D-022.71, D-114.30 and D-223 and D-117

Aid to Needy Children Manual Sections

C-010.20, C-011.50, C-011.60, C-016, C-021, C-022.60, C-024, C-114.30,
C-156.30 and C-223

Child Placing Agency Manual Sections

CPA Regulations

Repeal of Standards for Established Camps for Children in California

Adoption Manual Sections

AD-321 and AD-367

Boarding Home Manual Sections

BH-2.80, BH-3.31, BH-3.34

Department Bulletin - Implementation of Legislation - Secs. 2016, 2025.01 and
2160.9

Department Bulletin - Demonstration and Experimental Projects

Repeal of the following regulations:

A-207.2, A-207.3, B-207.1, B-207.2, B-207.3, BH-2.60

The following facts constitute the emergency:

The above regulations are necessary to implement legislation adopted by the 1961 Legislature and signed into law by Governor Edmund G. Brown to become effective September 15, 1961.

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A-114.30 RESTORATION FOLLOWING ABSENCE FROM STATE

A-114.30

Pursuant to W&IC Sec. 103.4, when a former recipient whose aid was discontinued on the grounds that he established residence in another state, returns and re-establishes residence in this State within one year after leaving, the usual requirement of one year's residence in the State immediately preceding application for aid, is waived. For purposes of OAS, such former recipient is considered to have the required period of State residence immediately upon his return to the State. If otherwise eligible, aid is to be restored effective the first of the month following his application or request for restoration.

A-223 BEGINNING DATE OF AID

A-223

Subject to the provisions of W&IC 103.4, 104.1, 2180.1, 2180.5, 2180.6, 2180.7, 2183.9, 3045 and 3445, the beginning date of aid is determined as follows:

1. When aid is authorized in the same month in which the application is signed or restoration requested, aid is paid from the date of signing of the application or requesting restoration.

Exceptions:

- (a) If the recipient transfers from one county to another, payment of aid must be continuous and when necessary to make payment continuous, the beginning date of aid in the second county may antedate the signing of the application in the second county.
- (b) When a recipient of ANB or APSB becomes ineligible and applies for OAS pursuant to code Sections 3045 or 3445, OAS shall begin the first of the month following the effective date of discontinuance of Aid to the Blind.

2. When aid is authorized in a month subsequent to that in which the application is signed or restoration requested, aid is paid from the first day of the month in which authorization action is taken.
Exception: When authorization action is taken more than 45 days after the date of application or request for restoration, aid is paid from the first of the month in which authorizing action is taken, or from the first of the month following the expiration of the 45-day period, whichever is earlier. However, if the applicant is not eligible until a date subsequent to the date aid would begin under this exception, aid is to begin on the date the applicant became eligible. (See Secs. A-014.45, Application Held Pending Eligibility, and A-227.60, Adjustment of Underpayment by Payment of Retroactive Aid.)

The 45-day period referred to in W&IC 2180.5 begins on the day following that on which an application is signed or restoration is requested. When the 45th calendar day falls on a Sunday or legal holiday, the following day is considered the last day of the 45-day period.

3. Aid which is authorized on an application which was previously denied as provided in Sec. A-227.60 is paid from the date it would have been paid had there been no denial action.
4. When an application is held pending eligibility, aid is paid from the date eligibility begins. (See Sec. A-014.45.)

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A-201 DETERMINATION OF NEED - GENERAL

A-201

The total need of an applicant or recipient is the money amount necessary to provide those items of support set forth in the subsequent sections of this chapter as basic needs and special needs. (See Sec. A-205 - Determination of Need for Medical Care - General.)

The county is responsible for reviewing needs with the applicant or recipient and for identifying any special needs he may have. The applicant or recipient is responsible for reporting his needs and for informing the county promptly of changes.

Total need is computed by adding the cost (within the limitations specified in this chapter) of any special needs he may have to the allowance for basic needs.

Exception: Total need for a recipient who is in a boarding home, nursing home, or public medical institution is determined in accord with Sections A-204.11, A-206.3 and A-206.7.

Allowance for a special need item shall continue until a sufficient amount has been allowed to meet the total cost of the item within appropriate ceilings, provided that the occurrence of the need is reported promptly, i.e., within 30 days. For types of medical care for which no maximum is specified the total allowance shall not exceed \$500 for any one illness occurring in a single year.

A-207 SPECIAL NEED TO MEET PAYMENTS ON DEBTS

A-207

Allowance is made for payments on debts under the conditions specified in Secs. A-207.1 and A-207.4.

Exception: Allowance is not made for payment on any debt (secured or unsecured) when such debt resulted from receipt of public assistance, including public medical care or care as a public or private patient in a public medical institution.

A-207.4 DEBTS INCURRED FOR MEDICAL CARE OF RECIPIENT'S FAMILY

A-207.4

Allowance is made as provided in W&IC Section 2019.1 for medical debts incurred for the medical care of members of the recipient's family who are essential to his well-being. As used herein members of the family "essential" to the recipient are limited to the recipient's (1) needy spouse, (2) needy incapacitated adult child and/or (3) needy minor child. Such relatives, to be essential, must be claimed by the recipient as essential to his well-being and must reside in his household. A needy spouse or a needy incapacitated adult child is one who, from the standpoint of property holdings, would be eligible to receive OAS and whose income is insufficient to meet his total need including medical care under the standard for an OAS recipient. A needy minor child is one who, from the standpoint of property holdings, would qualify for ANC and whose income is insufficient to meet his total need including medical care under the standard for an ANC recipient.

Allowance for a debt of an "essential member of the family" is subject to the same limitations as would apply if the debt were that of the recipient.

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A-205.13 USE OF MEDICAL CARE FUND (SEE APPENDIX, MEDICAL CARE)

A-205.13

Medical care for which payment may be made on behalf of a recipient from the Medical Care Fund is to be met from the Medical Care Fund only. (See Sec. MC-030.) "Recipient" as used herein includes an eligible person for whom, in the month the medical care is received:

1. A cash grant payment is made; or
2. The cash grant payment is withheld or suspended only because of a question concerning the amount of aid to which he is eligible (see Sections A-226.10 and A-226.12); and/or
3. The authorized grant is reduced to Zero to adjust for an overpayment (see Sec. A-227.10).

A "medical care only" recipient is any recipient whose income (exclusive of the assistance grant) is sufficient to meet his total minimum and special needs (see Sections A-202 et seq and A-203, et seq), up to \$166 a month, but is insufficient to meet such needs plus his medical needs, normally within the scope of the Medical Care Fund. In such case, his medical needs, within the same limitations as would apply if the medical care fund were utilized, are to be met from his income to the greatest extent possible.

If his medical need exceeds his income, the balance of the medical need, if normally payable from the fund, is to be met from the fund. If his income exceeds his medical need, the balance of the income is considered available to apply toward meeting his minimum and special needs within the OAS standard.

When the "medical care only" recipient's income and medical needs are reasonably stable and predictable on a continuing basis, and the income exceeds the average monthly medical need, a period of predictability not to exceed six months may be determined. A single money amount, consistent with medical care fund limitations may be established which will represent medical need for each month of the period so determined. Similarly, single money amounts will be established for

- a. Income required to meet the medical need, and
- b. Income available to meet his minimum and special needs within the OAS standard.

When the circumstances change substantially from that predicted in determining the projected figures, new projected figures shall be determined for use in future months or, if it is no longer possible to predict needs and income on a continuing basis, monthly determinations shall be made.

A-206 SPECIAL NEED FOR MEDICAL CARE

A-206

The items and services which are allowed as special medical needs pursuant to Section A-205.14 are listed in Sections A-206.1 through A-206.94. Payment of these items and services is not available from the Medical Care Fund.

These Regulations are designated to become effective October 1, 1961

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DETERMINATION OF NEED

B-201

B-201 DETERMINATION OF NEED - GENERAL - ANB-APSB

B-201

The total need of an applicant or recipient is the money amount necessary to provide those items of support set forth in the subsequent sections of this chapter as basic needs and special needs. (Sec. B-221, Amount of Aid Payment, and Sec. B-205, Determination of Need For Medical Care - General)

The county is responsible for reviewing needs with the applicant or recipient and for identifying any special needs he may have. The applicant or recipient is responsible for reporting his needs and for informing the county promptly of changes.

Total need is computed by adding the cost (within the limitations specified in this chapter) of any special needs he may have to the allowance for basic needs. Exception: If a recipient is in a boarding home, nursing home or public medical institution, see Secs. B-204.11, B-206.3, and B-206.7.

Allowance for a special need item shall continue until a sufficient amount has been allowed to meet the total cost of the item within appropriate ceilings, provided that the occurrence of the need is reported promptly, i.e., within 30 days. For types of medical care for which no maximum is specified the total allowance shall not exceed \$500 for any one illness occurring in a single year.

B-207 SPECIAL NEED TO MEET PAYMENTS ON DEBTS - ANB-APSB

B-207

Allowance is made for payment on debts secured by a current necessity before the date of application; e.g., the home, essentials such as household equipment, automobiles, hearing aids, prosthetic appliances, etc., irrespective of the purpose for which the debt was incurred.

Exception:

Allowance is not made for payment on any debt (secured or unsecured) if such debt resulted from receipt of public assistance, including public medical care or care as a public or private patient in a public medical institution.

B-114.30 RESTORATION FOLLOWING ABSENCE FROM STATE - ANB-APSB

B-114.30

Pursuant to W&IC Sec. 103.4, when a former recipient whose aid was discontinued on the grounds that he established residence in another state, returns and reestablishes residence in this state within one year after leaving, the usual requirement of one year's residence in the state immediately preceding application for aid, is waived. For purposes of ANB, such former recipient is considered to have the required period of state residence immediately upon his return to the state. If otherwise eligible, aid is to be restored effective the first of the month following his application or request for restoration.

CALIFORNIA-SDSW-MANUAL- AB

Rev. 1220 replaces Rev. 243

Effective 9/15/61

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B-205.13 USE OF MEDICAL CARE FUND (See Appendix, Medical Care) - ANB-APSB

B-205.13

Medical care for which payment may be made on behalf of a recipient from the Medical Care Fund is to be met from the Medical Care Fund only. (See Sec. MC-030.) "Recipient" as used herein includes an eligible person for whom, in the month the medical care is received:

1. A cash grant payment is made; or
2. The cash grant payment is withheld or suspended only because of a question concerning the amount of aid to which he is eligible (see Sections B-226.10 and B-226.12); and/or
3. The authorized grant is reduced to Zero to adjust for an overpayment (see Sec. B-227.10).

A "medical care only" recipient is any recipient whose income (exclusive of the assistance grant) is sufficient to meet his total minimum and special needs (see Sections B-202 et seq and B-203, et seq), up to \$167.80 a month, but is insufficient to meet such needs plus his medical needs, normally within the scope of the Medical Care Fund. In such case, his medical needs, within the same limitations as would apply if the medical care fund were utilized, are to be met from his income to the greatest extent possible.

If his medical need exceeds his income, the balance of the medical need, if normally payable from the fund, is to be met from the fund. If his income exceeds his medical need, the balance of the income is considered available to apply toward meeting his minimum and special needs within the ANB standard.

When the "medical care only" recipient's income and medical needs are reasonably stable and predictable on a continuing basis, and the income exceeds the average monthly medical need, a period of predictability not to exceed six months may be determined. A single money amount, consistent with medical care fund limitations may be established which will represent medical need for each month of the period so determined. Similarly, single money amounts will be established for

- a. Income required to meet the medical need, and
- b. Income available to meet his minimum and special needs within the ANB standard.

When the circumstances change substantially from that predicted in determining the projected figures, new projected figures shall be determined for use in future months or, if it is no longer possible to predict needs and income on a continuing basis, monthly determinations shall be made.

B-206 SPECIAL NEED FOR MEDICAL CARE - ANB-APSB

B-206

The items and services which are allowed as special medical needs pursuant to Section B-205.14 are listed in Sections B-206.1 through B-206.94. Payment of these items and services is not available from the Medical Care Fund.

These Regulations are designated to become effective October 1, 1961.

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AID PAYMENTS

B-223

B-223 BEGINNING DATE OF AID - ANB-APSB

B-223

Subject to the provisions of W&IC 103.4, 104.1, 3078.3, 3082, 3082.2, 3084, 3088.5, 3474.5, 3475, the beginning date of aid is determined as follows:

1. If aid is authorized in the same month in which the application is signed or restoration requested, aid is paid from the date of signing of the application or request for restoration. Exceptions: (1) If the recipient transfers from one county to another, the beginning date of aid in the second county may antedate the signing of the application in the second county; (2) If a transfer from OAS to ANB-APSB, or ANB-APSB to OAS, is authorized, aid may begin the first of the month following the month in which such transfer was authorized.
2. If aid is authorized in a month subsequent to that in which the application is signed, aid is paid from the first day of the month in which authorization action is taken. Exception: If authorization action is taken more than 45 days after the date of application, aid is paid from the first of the month in which authorizing action is taken, or from the first of the month following the expiration of the 45-day period, whichever is earlier. However, if eligibility is not established until a date subsequent to the date aid would begin under this exception, aid is to begin on the date the applicant became eligible. (See Secs. B-014.45, Application Held Pending Eligibility; B-227.60, Adjustment of Underpayment by Payment of Retroactive Aid.)

The 45-day period begins on the day following that on which an application is signed. If the 45th calendar day falls on a Sunday or legal holiday, the following day is considered the last day of the 45-day period.
3. If an application was improperly denied and such erroneous action is being corrected, aid is paid from the date it would have been paid had there been no denial action.
4. If ANB is authorized in a month subsequent to that in which restoration is requested, aid is paid from the first day of the month immediately following the date of the request.
5. If APSB is authorized in a month subsequent to that in which restoration is requested, aid is paid from the date of signing the request for restoration.
6. If eligibility is dependent upon medical evidence (eye and/or neuropsychiatric examination), the condition described in such evidence shall be considered to have existed from the first day of the month in which the determining medical examination is made. (See Chapter 19)
7. Aid which is authorized on an application which was previously denied as provided in Sec. B-227.60, is paid from the date it would have been paid had there been no denial action.
8. If an ANB application is held pending eligibility, aid is paid from the date eligibility begins. (See Sec. B-014.45)

CALIFORNIA-SDSW-MANUAL-AB

Rev. 1223 replaces Rev. 866

Effective 9/15/61

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CONTINUATION SHEET
**FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE**
(Pursuant to Government Code Section 11380.1)

C-010.20 COUNTY RESPONSIBILITY FOR APPLICATIONS, REAPPLICATIONS AND RESTORATIONS

C-010.20

A. DEFINITIONS

1. County of Responsibility

The county where the child makes his home is responsible for accepting the application, making the investigation, and granting or denying aid.

2. County Where Child Makes His Home

A child makes his home in the county where he is physically present.

Exceptions

a. When a home in another county is being maintained for the child and there is a plan for the child to return to that home within 45 days of the date aid is requested, the child is considered to make his home in such other county.

b. A child living in a boarding home or institution as a result of placement by a public or private agency of another county is deemed to make his home in the county in which the placement agency is located.

3. Placed in a Boarding Home or Institution

A public or private agency placed the child in a boarding home or institution if the agency:

- (a) Actively participated in making the decision as to whether or not the child was to be placed; and
- (b) Selected the home or institution; or actively participated in its selection.

4. Boarding Home

A boarding home is the home of a private family, unrelated to the child, which accepts the child for board and care.

B. Acceptance and Processing Applications

The county receiving the application pursuant to Sec. 011.50 shall accept the application or request for restoration, make the investigation, and grant or deny aid unless the child makes his home in another county.

If the child makes his home in another county as defined in Item A, 2, of this section, the county receiving the request for aid shall assist in completing the application, obtain pertinent information, and immediately send the application or request for restoration to the responsible county. The county where the child makes his home shall accept the application or request for restoration, determine eligibility, and grant or deny aid.

C. Removal From County of Application Prior to County Action

If the child moves to another county to make his home after an application has been signed or restoration requested, but before the county has acted on it, the county receiving the application or request is responsible for completing the investigation and authorizing aid if eligibility exists and initiating intercounty transfer to the county in which the child is making his home. (See Section C-016).

These Regulations are designated to become effective September 15, 1961

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C-011.50 WHERE APPLICATION TO BE MADE**C-011.50**

A person has a right to apply for ANC for a child in the county in which the child is physically present or in the county in which the child makes his home. (See Sec. C-010.20).

C-016 INTERCOUNTY TRANSFERS - GENERAL**C-016**

1. When a child, other than a child placed in a boarding home or institution by a public or private agency, moves from one county to another he is considered to make his home in the county to which he has moved and intercounty transfer is initiated immediately.

Exception: If there is in fact a home being maintained for the child in the county paying aid and there is a plan for the child to return there to live within four months, he is considered to make his home in the county paying aid.

The four months begins to run on the date the county paying the aid determines that a home is being maintained in the county paying aid. If the child does not return to the county paying aid within this four-month period, it shall be considered that he is making his home in the county to which he has moved.

2. If responsibility for a child who has been placed in a boarding home or institution by a public or private agency is transferred from an agency in one county to an agency in another county, intercounty transfer is initiated immediately.
3. If responsibility of a public or private agency for a child is terminated, intercounty transfer is initiated immediately if the child makes his home in another county.

C-114.30 RESTORATION FOLLOWING ABSENCE FROM THE STATE**C-114.30**

A child not born in California is considered to have resided in the state for a sufficient time to qualify for aid if:

1. He formerly received ANC, and
2. His aid was discontinued because he left the state, and
3. He returned to the state within one year after leaving.

No period of residence is required for a child born in California.

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C-011.60 APPLICATION INTERVIEW

C-011.60

The county shall interview the applicant at the time the application is signed or as soon thereafter as possible. In this interview the county shall discuss:

1. The eligibility requirements in terms of the objectives and limitations of the program.
2. The joint responsibility which the applicant has with the county for exploration of all of the facts concerning eligibility, needs and income and the applicant's responsibility for presenting records or documents in his possession to support his statements.
3. The confidential nature of information given to establish eligibility.
4. The kinds of verification needed to establish eligibility.
5. That all investigation will be undertaken with the full knowledge and consent of applicant.
6. The applicant's responsibility for notifying the county immediately of all changes and circumstances.
7. The availability of assistance or service under some other program, either public or private, if there does not appear to be eligibility for ANC.
8. The responsibility of the parent for his children.

C-022.60 INSPECTION OF RECORDS BY APPLICANT OR RECIPIENT

C-022.60

When, in case of dispute, the applicant or recipient wishes to avail himself of his right to inspection provided in W&I Code 1509.4, the following definitions apply:

1. Dispute refers to any situation in which the applicant or recipient, or his authorized representative (attorney or agent) is in disagreement with the county as to any facts relating to application, grant, or denial of aid.
2. Supporting documents are those necessary to support the grant or denial of aid and include the following:
 - a. Application (Form CA 200, Part I and II, when applicable) and Recipient's Affirmation of Eligibility (Form CA 200, Part II).
 - b. Verification of state residence.
 - c. Evidence verifying ownership and value of real and personal property.
 - d. Evidence verifying income and needs.
 - e. Documents on which the county authorized the granting or denying of an application or request for restoration, or increased, decreased, canceled, discontinued, or restored aid.

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**IN FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE** VS
 (Pursuant to Government Code Section 11380.1)

C-021 COUNTY RESPONSIBILITY FOR CASE RECORDS

C-021

The county is responsible for maintaining a case record for each child or family receiving aid or for whom application is made, which identifies the children and parents or other responsible relatives, and their address, and household composition, and which shows:

1. The pertinent information obtained during the investigation conducted in accord with the requirements of Secs. C-012.40 and C-012.50, and the sources from which it was secured.
2. That evidence was evaluated as required in Sec. C-012.60. (See Secs. C-156.20, C-157, C-315.05 and C-315.09.)
3. The basis for inclusion or exclusion of persons in the family budget unit; the needs of the family or child, and the basis for the decision that they meet or do not meet the conditions under which special needs are allowed; and how the money amounts allowed were determined. (See Secs. C-201, C-201.05, C-201.10 and C-201.20.)
4. That income was explored as required by Sec. C-212.10, and that the amount was computed as specified in Sec. C-212.30, et seq.
5. That resources were explored as required by Secs. C-150.10, C-156.20, C-156.30 and C-310.15; that referrals were made when required under Sec. C-315.05; that notification or referral was made to the district attorney when required under Sec. C-157.
6. County efforts to assist the family toward self-maintenance, and family efforts to achieve self-maintenance. (See Secs. C-315 and C-310.20.)
7. The original or a copy of all forms completed during the original and subsequent investigations, and relating to any transfer of responsibility for payment of aid between counties except when the date the CA-239 was mailed is recorded elsewhere; requests for restoration as defined in Sec. C-011.20, correspondence to and from the county pertinent to the individual's eligibility, his grant, and/or activities toward meeting economic and social needs.
8. The computation of the amount of any overpayment, and the amount of repayment due, if any; a copy of any demands for repayment; the facts regarding the determination of the debtor's ability to repay and collection activity as required by Sec. F-420, et seq., unless this information is recorded centrally elsewhere.
9. A narrative containing: (a) the identification and evaluation of the family's social, psychological, health, or financial problems; (b) a description of the plan of treatment and any services or referrals provided in relation to the problem; (c) any other relevant data obtained during client or collateral contacts for which form recording has not been provided or which is necessary to augment or reconcile data recorded in forms or correspondence; (d) evaluation of conflicting data where indicated; (e) entries to reflect the client's reaction to or understanding of the county's interpretation of his rights and responsibilities; and (f) a periodic evaluation of changes in the family situation or plan of agency action.
10. A record of facts reported by the applicant or recipient as required by W&IC 103.3(b)
11. The basis for the decision that the individual met, or did not meet, the conditions of eligibility, including, when applicable, cooperation with law enforcement officers, and in plans for self-maintenance. (See Secs. C-156 and C-310.20.)
12. The county action granting, denying, changing, suspending, cancelling or discontinuing aid.

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FOR FILING ADMINISTRATIVE REGULATIONS
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(Pursuant to Government Code Section 11380.1)

C-024 REQUIRED FORMS

C-024

The following forms, completed in accord with instructions for their use, are required when the circumstances to which they relate exist:

- | | |
|----------|--|
| CA 200 | Part One - Application for Aid to Needy Children
(See Sec. C-011.10.) |
| CA 200 | Part Two - Application for Aid to Needy Children -
Statement of Facts Relating to Eligibility
(See Secs. C-011.10 and C-015.30.) |
| CA 290 | Financial Statement of Absent Parent |
| ABCD 215 | Notification of Transfer (See Sec. C-118.30) |
| CA 256 | Request to OASI Field Office for Information (Absent Parents)
(See Sec. C-156.20.) |
| CA 280 | Identification Card (Family Cases) |
| CA 280A | Identification Card (BH&I Cases) |
| DPA 1 | Request for Federal OASI and Nonmedical Disability
Information (See Sec. C-213.) |
| DPA 6 | Appeal as to Responsibility for Support (See Sec. C-117.7.) |
| DPA 8 | Notice to Applicant Who Withdraws Application
(See Sec. C-014.40.) |

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 (Pursuant to Government Code Section 11380.1)

C-156.30 ABILITY OF ABSENT PARENT TO CONTRIBUTE

C-156.30

1. All income and expenses of the absent parent are considered in determining his ability to contribute.

Exception: If, within a period of one year, a court has ordered the parent to contribute in a specific amount, and the parent's financial circumstances have not since improved, the amount of the court order is accepted in determination of his ability to contribute.

(Also see Sec. C-312.15.)

2. Any absent parent in the state whose absence is the basis for an application for Aid to Needy Children is required to complete a statement containing the following information:
 - a. Current monthly income.
 - b. Total income for the last 12 months.
 - c. The number of dependents for whom he is providing support.
 - d. The amount he is contributing regularly for support of all children for whom application for aid is made under this Chapter.
 - e. His current living expenses.
 - f. Other pertinent data pertinent to determining his ability to support his children.

C-223 BEGINNING DATE OF AID

C-223

Subject to the provisions of W&IC 103.4, 104.1, 1550, and 1550.5, the beginning date of aid is determined as follows:

1. When aid is authorized in the same month in which the application is signed or restoration is requested, aid is paid from the date of signing of the application or request for restoration.
2. When aid is authorized in a month subsequent to that in which the application is signed or restoration requested, aid is paid from the first day of the month in which authorization action is taken. Exception: When authorization action is taken more than 45 days after the date of application or request for restoration, aid is paid from the first of the month in which authorizing action is taken or from the first of the month following the expiration of the 45-day period, whichever is earlier.

The 45-day period begins on the day following that on which an application is signed or restoration is requested. When the 45th calendar day falls on a Sunday or legal holiday, the following day is considered the last day of the 45-day period.

3. When aid is authorized for a child under W&I Code 103.4 aid is paid from the first of the month following the month in which the application is signed or restoration requested.
4. Aid which is authorized on an application which was previously denied as provided in Sec. C-227.60, is paid from the date it would have been paid had there been no denial action.
5. If eligibility is not established until a date subsequent to the date aid would begin under 1 or 2, aid is to begin on the date the child or family became eligible.

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Regulations

DETERMINATION OF NEED

C-205

C-205

SPECIAL NEED FOR MEDICAL CARE

C-205

Medical care considered in determining need includes the services of doctors, dentists, optometrists, nurses; clinic care; drugs and medical supplies; surgical and prosthetic appliances and X-ray and laboratory services, as required for diagnosis, care and treatment.

The cost of such care, up to the fee schedule amounts for the medical care program where such have been established, or in the actual amount where no fee has been set, is to be allowed unless the care needed is available through the medical care fund or through a public facility without cost.

Exception: The cost of drugs, therapeutic preparations or food supplements not available through the Medical Care Fund is not allowed as a special need.

The cost of an item of medical care of a type and for a person covered by the fund will be paid from the medical care fund when:

1. There is an aid payment made for the month care is given.
2. Aid is withheld or suspended because of a question concerning the amount of the grant (see Secs. C-226.10 and C-226.12).
3. Authorization of aid is decreased to zero to adjust for overpayment as provided in Sec. C-227.10.
4. An item of medical care included in the fund, or a portion of the cost of such care, is not met by a prepaid medical care plan to which the person belongs. In such cases the amount paid from the fund, when added to the amount available from the prepaid plan, shall not exceed the fee specified for the particular item of care in the schedule of maximum allowances (see Sec. MC-040). Persons covered by the fund, and also covered by prepaid medical care plans, must avail themselves of such resource even though the premiums may not be included as a special need.

Exception:

Payment of medical expenses from the Medical Care Trust Fund program is available for those recipients whose income plus grant is insufficient to meet their total medical and nonmedical needs.

(See Appendix Medical Care for coverage of Medical Care Fund.)

CONTINUATION SHEET
**OR FILING ADMINISTRATIVE REGULATION
 WITH THE SECRETARY OF STATE**
 (Pursuant to Government Code Section 11380.1)

MC-020 WHO ARE ELIGIBLE TO RECEIVE SERVICES

MC-020

Medical and related services and supplies are available under Chapter 1, Part 3, Division 5 of the W&IC to the following:

- Recipients of Old Age Security
- Recipients of Aid to Needy Blind
- Recipients of Aid to Potentially Self-Supporting Blind Residents
- Children included in the family budget unit under the Aid to Needy Children Program
- Children in Boarding Homes or Institutions receiving Aid to Needy Children
- Needy parents (including incapacitated parents) or needy persons taking the place of parents, living with children receiving Aid to Needy Children
- Recipients of Aid to Needy Disabled

A person who is not receiving aid solely for the reason that aid is withheld to adjust for a previous overpayment is nevertheless entitled to medical care.

A person whose aid is suspended solely for determining the amount of aid he should receive is nevertheless entitled to medical care.

Payment of medical care expenses from the Medical Care Trust Fund program is available for those recipients whose income plus grant is insufficient to meet their total medical and non-medical needs.

MC-031.4 ATD FUNCTIONAL IMPROVEMENT PROGRAM

MC-031.4

The ATD Functional Improvement Program is a planned use of medical care, social services and assistive devices directed toward improved self-care and prevention of disability. It provides care in the home from local resources to recipients for whom rehabilitation center treatment is not appropriate or available.

The purpose is accomplished by integrating medical and social services available to all with additional functional improvement services, according to an individualized plan designed to restore function, prevent deterioration or increase independence.

A functional improvement plan requires a current and complete medical assessment by a qualified physician. It also requires an evaluation of the medical findings in light of the recipient's motivation and social circumstances, and any available information concerning other physicians' and agencies' experiences with him. Functional improvement likewise requires coordinated medical, social and ancillary services, sometimes complemented by the use of assistive devices or housing modifications.

Services available to all (medical, nursing, laboratory, physical therapy, etc.) are subject to the prior authorization procedures including waiver of prior authorization, as outlined in Sections MC-031.1, MC-031.6, and MC-053.50. Additional functional improvement services always require prior authorization.

The additional services are:

1. Occupational therapy of a functional nature, including evaluation and alleviation of self-care limitations through instruction, retraining, and the use of devices.
2. Appliances and assistive devices (excluding hearing aids), if not available from other sources in the community.
3. Household rehabilitation equipment, including bathroom rails, parallel bars, modified chairs and toilet seats, pulleys, overbed trapeze bars, bedboards, devices to aid dressing and eating, etc.. (See ATD Manual Sec. D-202.05 for items allowable within the grant.)

These Regulations are designated to become effective October 1, 1961

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MC-031.1 SERVICES AVAILABLE WITHOUT PRIOR AUTHORIZATION

MC-031.1

- A. Home and/or office visits from or to practitioners (other than dentists or podiatrists) to a limit of three such visits for any one illness, or within 90 days from the first visit, whichever is less.
- B. Dental services, including extractions, required for the relief of pain, or the elimination of acute infection. For all recipients, except ANC over age 17, denture repair and adjustment.

C. Drugs and Medical Supplies:

Prescribed drugs and medical supplies are to be allowed in accordance with a Formulary, formulated and promulgated by the Director of the State Department of Social Welfare, within the specific limitations provided. The Drug Formulary shall meet the following conditions and limitations:

1. Be limited to those necessary to save or extend life and to alleviate or prevent suffering or severe discomfort;
2. Be limited to those of proved efficacy;
3. With respect to drugs designed to treat specific diseases, it must be restricted to cases suffering from such diseases;
4. Shall not include combinations of doubtful necessity or time-release preparations;
5. Shall include price ceilings on drugs available at greatly varying cost in order that expensive brand name products will not be purchased when equally effective less expensive chemical equivalents are available.

In developing the specific list of drugs and medical supplies the Director shall be guided by the advice and recommendations of the Advisory Committee on Medical Care.

Drugs may be administered or prescribed by licensed physicians, dentists or podiatrists.

Prescriptions should be confined to quantities necessary for the estimated duration of the illness. Where medication is constantly prescribed for the chronically ill, the quantity prescribed should be the most economical amount from the point of view of cost. Expensive proprietary items should not be prescribed when significantly less expensive items would be equally effective.

Prescriptions shall be written on forms prescribed by the SDSW and shall be filled within seven days from the date of issue. No prescription shall be refillable.

Practitioners who do not comply with the rules and procedures contained in this manual shall not use prescription blanks furnished by the SDSW.

- D. Laboratory services for urinalysis and blood counts.
- E. Laboratory and X-ray services as prescribed by the practitioner in an emergency.
- F. Emergency surgery not requiring hospitalization under accepted medical standards.
- G. Services of visiting nurse associations or nurses in public agencies rendering home nursing to a maximum of five visits for any one illness.
- H. Physical examinations of children receiving Aid to Needy Children who are being placed away from their own parents in foster homes or institutions.
- I. Refractions for OAS, AB and ATD recipients and necessary repairs to eye appliances.

These Regulations are designated to become effective October 1, 1961

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Regulations

SCOPE AND LIMITATIONS

MC-031.6

MC-031.6 SERVICES AVAILABLE WITH
 PRIOR AUTHORIZATION

MC-031.6

I. Services for which prior authorization may be waived (MC-053.50)

- A. Home and/or office visits from or to physicians and chiropractors in excess of three such visits for any one illness or beyond the 90th day from the first visit.
- B. Any service rendered by dentists and podiatrists.
- D. Elective laboratory services other than urinalysis and blood counts.
- E. Elective radiological and outpatient radiotherapy services.
- F. Services of private nurses, visiting nurse associations, or nurses in public agencies rendering home nursing in excess of five visits for any one illness.
- G. Dental care for children under 13 years of age as necessary to prevent tooth loss and maintain dental health. During the period beginning July 1, 1961, and ending December 31, 1961, such care may also be given to children aged 13 through 17 years.
- H. Complete histories and physical examinations by physicians.
- I. Services of physical therapists as prescribed by physicians.
- J. For OAS, AB and ATD recipients all essential dental care necessary to restore and maintain adequate dental health pursuant to standards established by the Director of the SDSW.
- K. Elective office surgery.

II. Services for which prior authorization may not be waived

- A. Services of rehabilitation facilities meeting the standards of the Vocational Rehabilitation Service.
- B. For OAS, AB and ATD recipients, eye appliances listed in the Schedule of Maximum Allowances. (MC-045.1)
- D. For OAS, AB and ATD recipients, care, services, supplies, and equipment determined by a certified rehabilitation facility as necessary during the period the rehabilitation plan is in effect. (See MC-018)

CALIFORNIA-SDSW-MANUAL-MC

Rev. 429 replaces Rev. 417

Effective 10/1/61

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Regulations

SCHEDULE OF MAXIMUM ALLOWANCES

MC-040

MC-040 SCHEDULE OF MAXIMUM ALLOWANCES

MC-040

The following allowances constitute the maximum payment that may be made for the specified service or procedure. No additional charge to the recipient will be permitted.

No payment, except as noted below, will be made for any service, care or procedure furnished by a hospital or facility, including an adjunct nursing home, operated as part of such hospital.

Exceptions:

1. Outpatient services, such as diagnostic laboratory, X-ray, physical therapy, or procedures performed on an emergency outpatient basis.
2. For OAS, AB and ATD recipients, dental care, refractions and eye appliances.
3. For OAS, AB and ATD recipients, rehabilitative services furnished by a certified rehabilitation facility.

No payment will be made for diagnosis or treatment given in the absence of the recipient, e.g., telephone calls.

Payment may be made for physician's services only when performed with a physician in attendance.

No payment will be made for the treatment of mental illness.

Under the Aid to Needy Children program payment will be made for the treatment of tuberculosis, venereal disease, and for prenatal care, unless available from community resources (MC-012). Payment for these conditions will not be made for recipients under other public assistance programs.

No payment will be made for rehabilitative services at a rehabilitation facility unless the practitioner submits a complete plan for rehabilitation in advance of referral.

This schedule includes most procedures contemplated as necessary and normally performed in any locality on an outpatient basis. However, other procedures may be included if they are determined to be in accordance with local community practice.

CALIFORNIA-SDSW-MANUAL- MC

Rev. 436 replaces Rev. 366

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MC-040.1

SCHEDULE OF MAXIMUM ALLOWANCES

Regulations

MC-040.1 MEDICAL SERVICES

MC-040.1

VISITS AND EXAMINATIONS

MAXIMUM
CHARGE

004	HOME VISIT, REQUESTED AND MADE BETWEEN 11 P.M. AND 8 A.M. (\$3 EACH ADDITIONAL MEMBER OF HOUSEHOLD, MAXIMUM TOTAL ANY ONE VISIT \$16)-----	\$10.00
006	ROUTINE OFFICE VISIT-----	4.00
007	ROUTINE VISITS TO PRIVATE ABODES, PRIVATE INSTITUTIONS, NURSING HOMES, BOARDING HOMES (\$3 FOR EACH ADDITIONAL PERSON VISITED)-----	6.00
008	MILEAGE PER MILE, ONE WAY, BEYOND RADIUS OF 10 MILES OFFICE OR HOME-----	.80
011	OFFICE VISIT, NOT OF ROUTINE NATURE, REQUIRING HISTORY AND EXAMINATION TO DETERMINE DIAGNOSIS AND TREATMENT. THIS INCLUDES PHYSICAL EXAMINATIONS FOR CHILDREN PRIOR TO FOSTER HOME PLACEMENT AND GENERAL PHYSICAL EXAMINA- TIONS FOR ADULTS ON WHOM NO RECENT RECORD OF HEALTH CONDITION IS AVAILABLE-----	8.00
030	HOME VISIT NECESSITATING PROFESSIONAL CARE OVER AND ABOVE ROUTINE HOME VISIT-----	10.00
031	HOME VISIT NECESSITATING PROFESSIONAL CARE OVER AND ABOVE ROUTINE HOME VISIT, 11 P.M. TO 8 A.M.-----	12.00
032	PROLONGED DETENTION WITH PATIENT IN CRITICAL CONDITION, PER HOUR-----	16.00
034	OFFICE VISIT NECESSITATING RESURVEY OF PATIENT AS A WHOLE-----	8.00

(Continued)

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MC-045.1 REFRACTIONS AND EYE APPLIANCES

MC-045.1

For OAS, AB and ATD recipients, if a physician or optometrist recommends the use of eye appliances, the cost of refractions and of eye appliances is allowed not to exceed the maxima listed below. Payment may be made only for those eye appliances listed below.

More than one type of glasses is permitted if correction for both reading and distance vision is required and two pairs of glasses are recommended by a physician or optometrist because the recipient's physical condition prevents use of bifocal lenses.

Lenses must be of a quality at least equal to Tillyer, Orthogon or Univis.

Frames must be American made and bear the manufacturer's name or trademark.
Billing for frames and lenses shall show the manufacturer's name.

Pro. No.

9505	Refraction - Initial	\$15.00
9506	Refraction - Follow-up, same practitioner, within six months	10.00
9510	Bifocal lenses (other than cataract) - each lens	10.00
9511	Single vision lenses (other than cataract) - each lens	5.00
9512	Bifocal cataract lenses - each lens	20.00
9513	Bifocal cataract lenses - each lens - Lenticular - Rose tint	27.50
9514	Bifocal cataract lenses - each lens - Lenticular - balance - Rose tint	13.75
9515	Single vision cataract lenses - each lens	10.00
9516	Single vision cataract lenses - each lens - Lenticular - Rose tint	13.75
9518	Tinted lenses - additional, for each lens	2.00
9519	Prism - additional for each lens	2.00
9521	Trifocals (replacement only) other than cataract - per lens	15.00
9522	Slab-off (other than cataract) - additional for each lens	8.50
9530	Frames	10.00
Artificial eyes		
9540	Plastic, stock - each	35.00
9541	Glass - each	15.00
9545	Corneal lenses for correction of keratoconus or other pathological conditions of the cornea wherein useful (i.e., 20/80) vision cannot be obtained with regular lenses - per pair	100.00
9549	Repairs Cost is to be allowed in accordance with local community practice, not to exceed a reasonable amount as determined by the county.	

(Sales tax, where applicable, is added to the above maxima.)

These Regulations are designated to become effective October 1, 1961

DO NOT WRITE IN THIS SPACE

Regulations SCHEDULE OF MAXIMUM ALLOWANCES MC-045.5

MC-045.5 SERVICES BY CERTIFIED REHABILITATION FACILITY - OLD AGE SECURITY, MC-045.5
AID TO THE BLIND AND AID TO DISABLED

A. Hospitalization

Basic services, exclusive of
board and room

Per diem rate
approved by
SDSW

B. Special services and equipment if not included in per diem rate:

1. Eye Care, Dental Care
and Surgery

At actual cost
not to exceed
schedule of
maximum allowances.

2. Ambulance

2. Prostheses

Prostheses Fee
Schedule estab-
lished by the State
Department of
Public Health.

3. Braces, Assistive devises,
Equipment

Community rate.

4. Repairs for #2 and #3

Community rate.

5. Home Care

Per diem rate
or schedule of
maximum allowances
for component
services.

6. Ambulance

Community rate.

DO NOT WRITE IN THIS SPACE

MC-045.5 SERVICES BY CERTIFIED REHABILITATION FACILITY - OLD AGE SECURITY, MC-045.5
AID TO THE BLIND AND AID TO DISABLED

A. Hospitalization

Basic services, exclusive of
board and room

Per diem rate
approved by
SDSW

B. Special services and equipment if not included in per diem rate:

1. Eye Care, Dental Care
and Surgery

At actual cost
not to exceed
schedule of
maximum allowances.
Effective 10/1/61

2. Prostheses

Prostheses Fee
Schedule estab-
lished by the State
Department of
Public Health.

3. Braces, Assistive devises,
Equipment

Community rate.

4. Repairs for #2 and #3

Community rate.

5. Home Care

Per diem rate

CONTINUATION SHEET
OR FILING ADMINISTRATIVE REGULATION
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

MC-048 PHYSICAL THERAPY

MC-048

1. One modality: Infra red; ultraviolet; whirlpool, contrast baths; paraffin baths; hot fomentations; local massage; local exercise	Office	Home
Per visit	\$3.50	6.00
2. One modality: Short or long wave diathermy; micro- therm; galvanism; sinusoidal; ionization; ultrasound		
Per visit	4.00	6.00
3. Electrical muscle test; or any com- bination of treatment from 1 or 2 above to one extremity or back		
Per visit	4.50	7.00
4. General massage; general exercise, postural or corrective; general under- water exercise (Hubbard tank or pool); general manual muscle re-education; any combination of treatment from 1 or 2 above to two or more extremities		
Per visit	5.00	8.00
5. Case consultation and report	5.00	7.50
6. Mileage per mile, one way, beyond radius of 10 miles office or home		.40

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These Regulations are designated to become effective October 1, 1961

CONTINUATION SHEET
 FOR FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE
 (Pursuant to Government Code Section 11380.1)

BH-2.80 CHILD PLACING AGENCIES

BH-2.80

Public agencies designated by the counties and private agencies operated by nonprofit organizations which place children for temporary care or for adoption.

BH-3.31 EXCLUSIVE USE HOMES OF CHILD PLACING AGENCIES

BH-3.31

Foster homes for children used exclusively by child-placing agencies licensed to approve such homes for their own use.

BH-3.34 HOMES WITH JUVENILE COURT COMMITMENTS UNDER W&IC SEC. 720,A BH-3.34

Homes to which juvenile court wards have been committed under Section 720a of the Juvenile Court Law.

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective September 15, 1961

CONTINUATION SHEET
OR FILING ADMINISTRATIVE REGULATION
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

AD-321 TIME ALLOWED FOR STUDY

AD-321

The study process shall be initiated immediately on receipt of the assignment from the SDSW Bureau of Adoptions or of an endorsed copy of the petition. There shall be interviews with the parties to the adoption within 45 days following the filing of the petition. If, in these interviews, the petitioners' suitability, the care provided the child, or the availability of the consent appears to be seriously questionable, there shall be an early investigation of the circumstances. (See AD-367, Regulations.)

The study shall be completed by the due date, unless an extension of time has been granted by the court.

AD-367 REPORTING TO COURT ON SERIOUS QUESTIONS

AD-367

When it has been determined that there is a serious question that may preclude completion of the adoption because (1) petitioners are not suitable, or (2) the child is not receiving proper care, or (3) consent may not be available, a report to the court shall be filed immediately (see Regulation AD-321).

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective September 15, 1961

CONTINUATION SHEET
F FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Fiscal

GOVERNMENTAL PARTICIPATION

F-560

F-560 CHARTS OF FINANCIAL PARTICIPATION IN GRANTS OF AID

F-560

Old Age Security

PERIOD COVERED	MAXIMUM GRANT	MAXIMUM FEDERAL BASIS	RATIO OF PARTICIPATION		
			FEDERAL SHARE	STATE SHARE	COUNTY SHARE
10/1/61 thru	\$116	Not Applicable	\$39.30 for each federally eligible recipient	6/7 of remainder	1/7 of remainder
1/1/60 thru 9/30/61	115	Not Applicable	\$38.50 for each federally eligible recipient	6/7 of remainder	1/7 of remainder
10/1/58 thru 12/31/59	106	Not Applicable	\$38.50 for each federally eligible recipient	6/7 of remainder	1/7 of remainder
10/1/57 thru 9/30/58	105	\$60	$\frac{1}{2}$ up to \$60, plus \$9	6/7 of remainder	1/7 of remainder
10/1/56 thru 9/30/57	89	60	$\frac{1}{2}$ up to \$60, plus \$9	6/7 of remainder	1/7 of remainder
10/1/55 thru 9/30/56	85	55	$\frac{1}{2}$ up to \$55, plus \$7.50	6/7 of remainder	1/7 of remainder
10/1/52 thru 9/30/55	80	55	$\frac{1}{2}$ up to \$55, plus \$7.50	6/7 of remainder	1/7 of remainder
7/1/50 thru 9/30/52	75	50	$\frac{1}{2}$ up to \$50, plus \$5	6/7 of remainder	1/7 of remainder
1/1/49 thru 6/30/50	75	50	$\frac{1}{2}$ up to \$50, plus \$5	Remainder	None
10/1/48 thru 12/31/48	65	50	$\frac{1}{2}$ up to \$50, plus \$5	6/7 of remainder	1/7 of remainder
8/1/47 thru 9/30/48	60	45	$\frac{1}{2}$ up to \$45, plus \$2.50	6/7 of remainder	1/7 of remainder
10/1/46 thru 7/31/47	55	45	$\frac{1}{2}$ up to \$45, plus \$2.50	5/6 of remainder	1/6 of remainder
7/1/43 thru 9/30/46	50	40	$\frac{1}{2}$ up to \$40	5/6 of remainder	1/6 of remainder
1/1/40 thru 6/30/43	40	40	$\frac{1}{2}$ up to \$40	1/2 of remainder	1/2 of remainder
4/1/36 thru 12/31/39	35	30	$\frac{1}{2}$ up to \$30	1/2 of remainder	1/2 of remainder
9/15/35 thru 3/31/36	35	0	None	1/2 of grant	1/2 of grant
1/1/30 thru 9/14/35	30	0	None	1/2 of grant	1/2 of grant

Regular cases (Code R) - Shares are computed according to the chart.

Nonfederal cases (Code X) - The state and county participate in the total amount of the grant up to the maximum grant according to their respective ratios.

Noncounty cases (Code N) - The state paid the remainder of the grant after deducting the federal share.
(Prior to 10/1/57)

Noncounty, nonfederal cases (Code S) - The state paid the total amount of the grant.
(Prior to 10/1/57)

(Continued)

CALIFORNIA-SDSW-MANUAL-FISCAL

Rev. 648 replaces Rev. 608

Effective 10/1/61

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CONTINUATION SHEET
I FILING ADMINISTRATIVE REGULATIONS
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(Pursuant to Government Code Section 11380.1)

F-560

GOVERNMENTAL PARTICIPATION

Fiscal

F-560 (Continued)

F-560

Aid to Needy Blind

PERIOD COVERED	MAXIMUM GRANT	MAXIMUM FEDERAL BASIS	RATIO OF PARTICIPATION		
			FEDERAL SHARE	STATE SHARE	COUNTY SHARE
10/1/61 thru	\$115.80	Not Applicable	\$39.30 for each federally eligible recipient	3/4 of Remainder	1/4 of Remainder
1/1/60 thru 9/30/61	115	Not Applicable	\$38.50 for each federally eligible recipient	3/4 of Remainder	1/4 of Remainder
10/1/58 thru 12/31/59	110	Not Applicable	\$38.50 for each federally eligible recipient	3/4 of Remainder	1/4 of Remainder
10/1/57 thru 9/30/58	110	\$60	1/2 up to \$60, plus \$9	3/4 of Remainder	1/4 of Remainder
10/1/56 thru 9/30/57	99	60	1/2 up to \$60, plus \$9	3/4 of Remainder	1/4 of Remainder
10/1/55 thru 9/30/56	95	55	1/2 up to \$55, plus \$7.50	3/4 of Remainder	1/4 of Remainder
10/1/52 thru 9/30/55	90	55	1/2 up to \$55, plus \$7.50	3/4 of Remainder	1/4 of Remainder
7/1/50 thru 9/30/52	85	50	1/2 up to \$50, plus \$5	3/4 of Remainder	1/4 of Remainder
1/1/49 thru 6/30/50	85	50	1/2 up to \$50, plus \$5	Remainder	None
10/1/48 thru 12/31/48	80	50	1/2 up to \$50, plus \$5	3/4 of Remainder	1/4 of Remainder
10/1/47 thru 9/30/48	75	45	1/2 up to \$45, plus \$2.50	3/4 of Remainder	1/4 of Remainder
3/1/47 thru 9/30/47	65	45	1/2 up to \$45, plus \$2.50	1/2 of Remainder	1/2 of Remainder
10/1/46 thru 2/28/47	60	45	1/2 up to \$45, plus \$2.50	1/2 of Remainder	1/2 of Remainder
9/15/45 thru 9/30/46	60	40	1/2 up to \$40	1/2 of Remainder	1/2 of Remainder
1/1/40 thru 9/14/45	50	40	1/2 up to \$40	1/2 of Remainder	1/2 of Remainder
7/1/36 thru 12/31/39	50	30	1/2 up to \$30	1/2 of Remainder	1/2 of Remainder
8/14/29 thru 6/30/36	50	0	None	1/2 of Grant	1/2 of Grant

Regular cases (Code R) - Shares are computed according to the chart.

Nonfederal cases (Code X) - The state and county participate in the total amount of the grant up to the maximum grant according to their respective ratios.

Noncounty cases (Code N) - The state paid the remainder of the grant after deducting the federal share.
(Prior to 10/1/57)

Noncounty, nonfederal cases (Code S) - The state paid the total amount of the grant
(Prior to 10/1/57)

(Continued)

CALIFORNIA-SDSW-MANUAL- FISCAL

Rev. 649 replaces Rev. 609

Effective 10/1/61

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WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Fiscal GOVERNMENTAL PARTICIPATION F-560
F-560 (Continued) F-560

AID TO DISABLED

PERIOD COVERED	MAXIMUM GRANT	MAXIMUM FEDERAL BASIS	RATIO OF PARTICIPATION		
			FEDERAL SHARE	STATE SHARE	COUNTY SHARE
10/1/61 thru	Based on statewide average of \$98 per fiscal year	Not applicable	\$39.30 for each federally eligible recipient	6/7 of remainder	1/7 of remainder
1/1/60 thru 9/30/61	Based on statewide average of \$98 per fiscal year	Not applicable	\$38.50 for each federally eligible recipient	6/7 of remainder	1/7 of remainder
10/1/59 thru 12/31/59	\$106	Not applicable	\$38.50 for each federally eligible recipient	6/7 of remainder	1/7 of remainder
10/1/58 thru 9/30/59	\$106	Not applicable	\$41.50 for each federally eligible recipient	6/7 of remainder	1/7 of remainder
10/1/57 thru 9/30/58	\$105	\$60	1/2 up to \$60 plus \$9	6/7 of remainder	1/7 of remainder

Regular cases (Code R) - Shares are computed according to chart.

Nonfederal cases (Code X) - The state and county participate in the total amount of the grant up to the maximum grant according to their respective ratios.

(W&IC 1510, 1511, 1553, 1554, 2020, 2021, 2186, 2187, 3025, 3042, 3084, 3087, 3087.1, 3420, 3432, 3472, 3480; DHEW)

CONTINUATION SHEET
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(Pursuant to Government Code Section 11380.1)

Fiscal

GOVERNMENTAL PARTICIPATION

F-570

F-570 CALCULATION OF GOVERNMENTAL SHARES IN AID PAYMENTS

F-570

The following detail for federal, state, and county sharing in individual cases is provided for informational purposes only. In claiming, the participating shares are not computed for individual cases but in totals only for each monthly claim.

A. FEDERAL SHARE

Federal shares of assistance payments are determined in accordance with the formulae in effect during the period for which aid was paid.

1. In the current formula period federal reimbursement is \$39.30 for each federally eligible recipient of OAS, ANB and ATD. In ANC federal reimbursement is \$17.50 for each needy relative plus \$19 for each federally eligible child.
2. For prior formulae periods see Fiscal Manual Section F-560.

B. STATE AND COUNTY SHARES

In OAS and ATD regular cases the state share is $\frac{6}{7}$ and the county share $\frac{1}{7}$ of the aid paid after deducting the federal share.

In ANB regular cases the state share is $\frac{3}{4}$ and the county share $\frac{1}{4}$ of the aid paid after deducting the federal share.

In APSB cases the state share is $\frac{5}{6}$ and the county share $\frac{1}{6}$ of the aid paid. There is no federal participation in APSB.

In ANC regular cases, within the state maximums, the state share is $67\frac{1}{2}$ percent and the county share $32\frac{1}{2}$ percent after deducting the federal share.

In OAS, ANB, ANC and ATD cases ineligible for federal participation (nonfederal cases), the state and county participate in the full grant (within the state maximums) in the ratios indicated above. All APSB and ANC-BHI cases are nonfederal.

(W&IC 1510, 1511, 1553, 1554, 2020, 2021, 2186, 2187, 3025, 3042, 3084, 3087, 3087.1, 3420, 3432, 3472, 3480; FSSA)

CALIFORNIA-SDSW-MANUAL- FISCAL Rev. 651 replaces Rev. 613

Effective 10/1/61

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(Pursuant to Government Code Section 11380.1)

Fiscal	AID CLAIMS	F-730
F-730 (Continued)		F-730

- 9. On zero grant listings show name, state number, total aid paid and status (i.e., Regular on Non-Federal). For claiming purposes zero grants are for those cases for which the grant was reduced to zero to adjust for overpayments for prior months within the current adjustment period (see F-1020 C).
- 10. Incapacitated parents list for ANC family cases will show state number and name of the incapacitated parent. The list will not include incapacitated parents included in the payroll as needy relatives since this would duplicate the persons count (see F-1020 C).

(Continued)

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CONTINUATION SHEET
I FILING ADMINISTRATIVE REGULATIONS
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F-730

AID CLAIMS

Fiscal

F-730 (Continued)

F-730

11. In the ANC family group claim, provision is now made to include payments for a child living in a foster home as a result of judicial action meeting the conditions specified in ANC Manual Section C-319. The state maximum for these payments is \$75 per child. The amount paid for each child must be shown separately and the amount in excess of state basis (county supplemental aid) shall be shown separately for each child. Federal participation is available for these children (see Fiscal Manual Section F-525). Payment to the boarding-home mother as payee for these children is made at the end of the month. These payments made at the end of the month to the foster family for these children will be kept on a separate page(s) as part of the current month's supplemental payroll.

(Continued)

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CONTINUATION SHEET
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WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Fiscal AID CLAIMS F-730

F-730 (Continued) F-730

B. CLAIMS FOR PRIOR MONTHS

Payments for prior months may be grouped on the payroll in either of two ways:

1. According to month in state number order under each month (alphabetically by payee under each month in BHI optional).
2. In state number order only (alphabetically by payee in BHI optional) with the month to which each payment applies shown in the remarks column.

The method selected by each county shall be used consistently on each monthly claim and from month to month.

If one warrant is issued covering more than one prior month for a given case, the total warrant amount need not be shown, but the amount paid for each individual month shall be reported separately.

Payrolls shall be grouped and totaled separately for months within the current and prior formula periods, as follows:

OAS and ANB	Current period beginning 10/1/61 Prior periods: 10/1/58 thru 9/30/61 10/1/56 thru 9/30/58
ATD	Current period beginning 10/1/61 Prior periods: 10/1/58 thru 9/30/61 10/1/57 thru 9/30/58
OAS, ANB and ATD-VPMI	Current period beginning 10/1/61 Prior period: 10/1/59 thru 9/30/61
APSB	Current period beginning 10/1/47
ANC (Family Group)	Current period beginning 10/1/58 Prior periods: 10/1/57 thru 9/30/58 10/1/56 thru 9/30/57
ANC-BHI	Current period beginning 10/1/57 Prior period: 10/1/39 thru 9/30/57

(Continued)

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CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

FISCAL

AID CLAIMS

F-740

F-740 REPORTING OF WARRANT CANCELLATIONS

F-740

A. CURRENT CANCELLATIONS

Current cancellations are defined as warrants canceled in the current month which were issued during the current month for the current month or for some prior month(s). Such items shall be reported on the claim for the month in which issued and canceled. Current warrant cancellations shall be listed in state number order by month and shall be reported on a contra roll exactly as claimed on the payroll. Indicate by "Incr" each warrant canceled for which a persons count is not included in the claim.

B. PRIOR CANCELLATIONS

Prior warrant cancellations are defined as warrants canceled in the current month which were issued and claimed in some prior month(s). Prior cancellations shall be reported by month in state number order on contra rolls exactly as originally claimed, or as corrected by SDSW audit. Indicate by "Incr" each warrant canceled for which a persons count is not included in the claim.

Prior cancellation contra rolls shall be grouped and totaled separately for months within the current and prior formula periods, as follows:

OAS and ANB	Current period beginning 10/1/61 Prior periods: 10/1/58 thru 9/30/61 10/1/56 thru 9/30/58
ATD	Current period beginning 10/1/61 Prior periods: 10/1/58 thru 9/30/61 10/1/57 thru 9/30/58
OAS, ANB and ATD-VPMT	Current period beginning 10/1/61 Prior period: 10/1/59 thru 9/30/61
APSB	Current period beginning 10/1/47
ANC (Family Group)	Current period beginning 10/1/58 Prior periods: 10/1/57 thru 9/30/58 10/1/56 thru 9/30/57
ANC-BHI	Current period beginning 10/1/57 Prior period: 10/1/39 thru 9/30/57

C. CLAIM ADJUSTMENT FOR CERTAIN CANCELLATIONS

When reporting the cancellation of one warrant and where a supplemental warrant for the same month remains in effect, an adjustment should be reported on Form ABD, CA 816 (Schedule of Adjustments) to allow the correct persons count and state basis amount for the remaining warrant. See Sec. F-760, Item A.

Example - An OAS recipient received a warrant for \$84.50 (a persons count claimed) on April 1, 1959, and a warrant for \$4.50 (no persons count) on April 15. The \$84.50 warrant was found to be outstanding for over six months, and the persons count was included with the cancellation on the October 1959 claim, therefore, an adjustment should be reported on Form ABD 816, adding a persons count for the \$4.50 warrant still in effect.

(W&IC 116, 1559, 1560, 2140, 2189, 3075, 3087.3, 3460, 3482; FSSA)

CALIFORNIA-SDSW-MANUAL-FISCAL

Rev. 655 replaces Rev. 574

Effective 10/1/61

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(Pursuant to Government Code Section 11380.1)

Fiscal AID CLAIMS F-750

F-750 (Continued) F-750

If county supplemental ANC is involved in a voluntary repayment of ANC, the voluntary repayment is applied to the full amount paid including the county supplemental aid.

Example I - An ANC family consisting of a mother and one federally eligible child received \$100 a month for six months (4/48 through 9/48). Several years later, the recipient voluntarily repaid \$150. The distribution on Form ABCD808 is computed as follows:

	Total Amount	Federal Share	State Share	County Share	County Supp. Aid
	(1)	(4)	(5)	(6)	(7)
A. For period 4/48 through 9/48					
B. As claimed (total paid)					
Regular	\$600.00	\$81.00	\$288.00	\$144.00	\$87.00
C. Ratios	100%	13½%	48%	24%	14½%
D. Distribution of repayment	150.00	20.25	72.00	36.00	21.75

C. REPORTING OF REPAYMENTS ON CLAIMS

1. Reporting on Contra Rolls

Repayments for the current formula periods, and the prior formula periods beginning 10/1/52 for OAS, ANB, ANC voucher and 10/1/39 for ANC - BHI, (Excluding voluntary repayments) are listed from the individual Forms ANCD 808 on Contra Rolls (Form ABD, CA 801, ABD 801 V and CA 801 BHI) in state number order, showing the same information required on the payroll for aid payments (see Item A, Sec. F-730), as well as the month(s) to which each repayment applies.

For OAS, ANB and ATD enter the persons count in the remarks column after each repayment which covers the full amount originally paid for the month or months involved.

Repayment contra rolls shall be grouped and totaled separately for months applicable to the following formula periods:

OAS and ANB	Current period beginning 10/1/61 Prior periods: 10/1/58 thru 9/30/61 10/1/56 thru 9/30/58
ATD	Current period beginning 10/1/61 Prior periods: 10/1/58 thru 9/30/61 10/1/57 thru 9/30/58
OAS, ANB and ATD-VPMI	Current period beginning 10/1/61 Prior period: 10/1/59 thru 9/30/61
APSB	Current period beginning 10/1/47
ANC (Family Group)	Current period beginning 10/1/58 Prior periods: 10/1/57 thru 9/30/58 10/1/56 thru 9/30/57
ANC-BHI	Current period beginning 10/1/57 Prior period: 10/1/39 thru 9/30/57

The distribution on the contra rolls shall be taken from Line F of the individual Forms ABCD 808, Columns 1, 2, 3, and 8 as applicable.

(Continued)

CONTINUATION SHEET
**FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE**
 (Pursuant to Government Code Section 11380.1)

Fiscal

MEDICAL CARE

F-1000

F-1000 MEDICAL CARE FUNDS

F-1000

A. ADVANCES

SDSW will compute the amount to be advanced to counties each month. Amounts to be advanced for OAS, ANB, APSB, ATD, ANC, ANC-BHI and MAA will be estimated on the basis of past expenditure data. Advances for Medical Assistance for the Aged (MAA) will first be made for the month of January 1962. A statement of cash advances for each program is forwarded to each county in advance of each month. Advances will be deposited in the Medical Care Revolving Fund into the following subaccounts:

1. Children and Family Account

Medical care advances for Aid to Needy Children (Family Group) and Aid to Needy Children in Boarding Homes and Institutions.

2. Adult Account

Medical care advances for Old Age Security, Aid to Needy Blind, Aid to Potentially Self-supporting Blind and Aid to Disabled.

3. Medical Assistance for the Aged Account

Medical care advances for Assistance for the Aged (MAA).

B. ADDITIONAL DEPOSITS

In addition to the advances received in F-1000-A above, additional deposits will be made into the Medical Care Revolving Fund as follows:

1. Adult Account

The county will deposit from the county funds into the Medical Care Revolving Fund each quarter an amount equal to \$1.00 multiplied by the number of OAS, ANB, APSB and ATD recipients authorized to receive aid as of the first day of the first month of each quarter. The number of recipients will be obtained from the persons count of the main payroll for the months of January, April, July and October.

The recipient counts will be those reported in Line 1, Columns A and B of the Summary Reports of Assistance Expenditures, Forms AG, BL and DA 800 and 800 V and line 1, Column A of APSB 800. The amounts deposited will not be subject to change or adjustment for any recipient counts added or deleted during the month. This deposit will be made on the first working day of the second month of each quarter.

2. Medical Assistance for the Aged Account

Each month the county will transfer county funds into the Medical Assistance for the Aged Account of the Medical Care Revolving Fund an amount equal to one-fourth of the expenditures for in-patient care.

(Continued)

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATION
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

F-1000	MEDICAL CARE	Fiscal

F-1000 (Continued)		F-1000

C. ACCOUNTABILITY

The basic principles of accountability as specified in Fiscal Manual Section F-200 are applicable to the Medical Care Revolving Fund.

The county shall maintain a Medical Care Revolving Fund which shall consist of the following accounts:

1. Children and Family Account
2. Adult Account
3. Medical Assistance for the Aged Account (operative January 1, 1962)

Payments to vendors for medical care services will be paid from the Medical Care Revolving Fund. Expenditures for services will be charged to the accounts as follows:

Children and Family Account - The Children and Family Account will be charged for all medical care expenditures made on behalf of persons included in the Aid to Needy Children (Family Group) and Aid to Needy Children in Boarding Homes and Institutions.

Adult Account - The Adult Account will be charged for all medical care expenditures made on behalf of recipients of Old Age Security, Aid to Needy Blind, Aid to Potentially Self-supporting Blind and Aid to Disabled.

Medical Assistance for the Aged Account - The Medical Assistance for the Aged Account will be charged for all medical assistance made on behalf of aged persons eligible for such medical assistance (operative January 1, 1962).

In order to verify that accountability is properly discharged a county may request a transcript of state accounts relating to that county showing all transactions for the period covered by the county request.

(Continued)

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Fiscal

MEDICAL CARE

F-1000

F-1000 (Continued)

F-1000

D. PAYMENT AND CLAIMING

Subsidiary accounts showing breakdown to aid programs are not required. However, expenditures must be identified in the records by program (OAS, ANB, APSB, ATD, ANC, ANC-BHI and MAA) in support of amounts claimed by program.

Payments to vendors for medical care services in behalf of OAS, ANB, APSB, ATD, ANC, ANC-BHI and MAA recipients shall be disbursed from the Medical Care Revolving Fund. Such medical care disbursements will only be for services as specified in the Medical Care Manual.

Should the county enter into contracts for disbursement of medical care funds, disbursements from the Medical Care Revolving Fund will include disbursements made directly to vendors for services not covered by the contract and payments to the contracting agency excluding payments for administrative expense.

Counties with medical care disbursement contracts wishing to advance Medical Care Revolving Funds to the contracting agency shall provide accounting records necessary to reflect the advances, actual disbursements and adjustment of the differences. When claiming or reporting medical care expenditures, the amount of actual expenditures will be reported and claimed.

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MEDICAL CARE

Fiscal

F-1000 (Continued)

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E. MAINTENANCE AND PRESERVATION OF FISCAL RECORDS

The following records shall be retained and made available for audit by the Federal and State Governments.

1. Paid and canceled warrants.
2. Claim Certifications.
3. Paid Vendor Statements.
4. Registers or cards detailing payments.
5. Claim transmittals and expenditure reports made by agents pursuant to contract.
6. Batch or transmittal listings prepared as proof of balance between claims and expenditures.
7. Prescription copies, Form MC-165 are to be retained until the end of the second month following month of payment. Prescription forms required to provide sample data for special studies are to be retained beyond this date if statistical data are not extracted.

Upon notice from the SDSW that federal and state audits have been completed through a specified period the following forms and records may be destroyed subject to conditions stated below:

1. CPS Transmittals.
2. County Batch Vouchers.
3. Vendor Statements supporting payment.
4. County payroll or transmittal listings detailing payment.
5. Punch cards detailing payment.

These forms and records may be destroyed on condition that one of the above sets of forms and records be retained. The record retained must furnish a permanent record of payments showing case number, aid program of recipient, amount and date of payment or action authorizing payment. Name of recipient, warrant number and type of service are desirable but not essential. Properly maintained Medical History Forms MC-164 or punch card summaries of payment for each recipient are satisfactory in lieu of the above, except that if Form MC-164 is designated as permanent record and prescriptions are not posted thereto, some form of record (e.g., Pharmacist Statements) must be retained to provide the information designated above.

It should be noted that above retention rules are requirements of the SDSW and do not pertain to other governmental requirements which may be applicable to retention of county records.

(W&IC 114, 115, 116, 1553, 1560, 2140, 2186, 3060, 3075, 3087, 4552, 4554.)

CALIFORNIA-SDSW-MANUAL-FISCAL

Rev. 660 replaces Rev. 539

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Fiscal

MEDICAL CARE

F-1020

F-1020 GOVERNMENT PARTICIPATION

F-1020

A. SOURCE OF FUNDS

Medical Care Revolving Funds are obtained from the following:

1. Children and Family Account
 - a. Advances of Premium Deposit Funds (state and federal monies).
2. Adult Account
 - a. Advances of Premium Deposit Funds (state and federal monies).
 - b. County funds deposited quarterly at the rate of \$1.00 per person for each OAS, ANB, APSB and ATD recipient included on the main payroll of the first month of each quarter.
3. Medical Assistance for the Aged Account
 - a. Advances of Premium Deposit Funds (state and federal monies).
 - b. County funds deposited monthly in an amount equal to one-fourth of the expenditures for in-patient care on behalf of MAA recipients (operative January 1, 1962).

B. ADMINISTRATION

The Federal Government will reimburse all matchable expenditures incurred in administration of medical care services, as provided in Section F-800, A.

(Continued)

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MEDICAL CARE

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F-1020 (Continued)

F-1020

C. BASIS FOR AMOUNTS OF PREMIUM DEPOSITS

Deposits into the Medical Care Premium Deposit Fund will be made on the following basis:

1. OAS, ANB, APSB, ATD, ANC and ANC-BHI

Deposits to the Premium Deposit Fund will be made on the basis of the number of "persons counts" for recipients receiving aid in any given month; the number of "persons counts" where the recipient's grant was reduced to "zero" to adjust for an overpayment in the current adjustment period; and the number of "persons count" for incapacitated parents in the ANC family groups.

The Persons Count, for those recipients who receive grants for OAS, ANB, APSB, ATD, ANC and ANC-BHI, will be obtained from the regular assistance claim forms submitted monthly to the SDSW. The persons count for the "zero grant" made in each program and for the incapacitated parent in the ANC family group will be obtained from separate listings. These listings will accompany the monthly claims.

- a. The "zero grant" listing will show the NAME, State Number, Total Aid Paid (-O-), and the persons count (Regular or Nonfederal).
- b. The incapacitated parent listing will show the State Number and Name of Parent. The listing will not include incapacitated parents included in the payroll as eligible relatives, since this would duplicate the persons count.

NOTE: Duplication of persons count must also be eliminated from the ANC Voucher claim (Family Groups) and the ANC-BHI claim. The occasion which may cause duplication of a persons count is where a child in a family group is moved to a boarding home or vice versa during any month and a payment is made to both the family and the boarding home mother. The persons count in these cases is to be included in the ANC Voucher claims (Family Groups) and not in the ANC-BHI claim.

2. Medical Assistance for the Aged (MAA).

Deposits into the Premium Deposit Fund for Medical Assistance for the Aged will be the state share obtained from the monthly MAA claim (operative January 1, 1962).

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CPA-110 PLACEMENT OF CHILDREN - ACTIONS REQUIRING A LICENSE FROM SDSW CPA-110

A license is required for the placement of children for temporary care
(See Section 1620 (b) W&IC.)

Exceptions:

1. A county welfare department or a county probation department may place children for temporary care in a facility which is licensed, pursuant to Section 1620 (a) W&IC, to receive and care for children.
2. A county probation department may pursuant to Section 727 (c) W&IC place children for temporary care in a family home which is not licensed under Section 1620 (a) W&IC provided:
 - a. The home is certified by the probation department as meeting minimum standards of the SDSW for licensure, and
 - b. The foster parents have made application for a license and licensure of said home pursuant to Section 1620 (a) W&IC is pending.

CPA-110.5 PLACEMENT OF CHILDREN IN UNLICENSED FACILITIES BY A PUBLIC AGENCY--LICENSE REQUIRED CPA-110.5

Any county agency, designated by the county board of supervisors to perform the service may place children for temporary care in family home which are not licensed pursuant to Section 1620 (a) W&IC provided both of the following conditions are met:

- a. The county agency is licensed as a county child placing agency by the SDSW and is authorized to issue Certificates of Approval to homes selected for its exclusive use.
- b. The homes in which children are placed by the county agency hold certificates of approval issued by that agency.

These Regulations are designated to become effective September 15, 1961

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(Pursuant to Government Code Section 11380.1)

Regulations

LICENSING

CPA-114.1

CPA-110.6 AGENCY ELIGIBILITY FOR LICENSE

CPA-110.6

To be eligible for license, a child-placing agency must conform to all applicable rules and regulations of the SSWB.

The agency must be able to provide, or there must be resources available in the community to provide, for support of children accepted for care; for medical and psychiatric services for children as needed; and an adequate number of foster homes for children.

The agency must be coordinated with other community welfare services.

A. County Child-placing Agencies

The agency must be designated by the county board of supervisors as a county agency through which child-placing services will be offered.

B. Private Child-Placing Agencies

The agency must be organized and operated on a nonprofit philanthropic basis.

CPA-114 LICENSING PROCEDURE

CPA-114

CPA-114.1 APPLICATION FORMS

CPA-114.1

Application for a license as a child-placing agency must be filed in duplicate with the SDSW on forms prescribed by the department.

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CALIFORNIA-SDSW-MANUAL- CPA

Issue 11-1

Effective 9/15/61

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CPA-114.2

LICENSING

Regulations

CPA-114.2 THE APPLICATION

CPA-114.2

- A. Application from a public agency must be signed by the chairman of the board of supervisors, and a copy of the resolution of the motion of the board authorizing the chairman to sign the application must be attached.
- B. Application from a private agency must be signed by the presiding officer of the board of directors and the executive officer of the agency, if selected, or a second officer of the board of directors if the executive officer has not yet been appointed. A copy of the board authorization to its representative to apply for such a license must accompany it.
- C. Application must be accompanied by:
1. A written plan of operation in duplicate, covering the following:
 - (a) Statement of program goals and description of services.
 - (b) Administrative organization - narrative and chart of total agency.
 - (c) Personnel - number, qualifications, and duties.
 - (d) Physical facilities and office arrangement - diagrams.
 - (e) Budget and financing, by item.
 2. Plans for coordination with other community welfare services. For a public agency, such plans shall include any agreement between the probation department and the county welfare department (the Bureau of Public Assistance in Los Angeles) as to their respective functions and responsibilities.
 3. List of membership of governing board and any advisory committee showing length of term and interest or qualifications on which selection was based and indicating which persons serve as officers and in which position.
 4. For the private agency, a copy of its constitution and by-laws and, if it is incorporated, a copy of the Articles of Incorporation.

CPA-114.3 LICENSING STUDY

CPA-114.3

On receipt of an application, the SDSW will review the attached plan of operation, identify any deviations from the regulations in this Manual, and when indicated, discuss with the Board and/or executive, the agency's plans to achieve full conformity with regulations.

A license will be issued whenever it is found that all requirements are met. A license may also be issued when there is substantial conformity with regulations if the deviations are minor, and/or the agency agrees to correct them at the earliest date possible.

CALIFORNIA-SDSW-MANUAL-CPA

Issue 11-2

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LICENSING

CPA-118

CPA-114.4 TERMS OF LICENSE

CPA-114.4

Placement services which a licensee may render are limited to those specified by the license.

If the SDSW authorizes the agency to issue Certificates of Approval to foster homes selected for its exclusive use, this will be shown on the license. (See CPA-200-201.) The license of an agency not authorized to issue such Certificates will specify that children are to be placed in licensed homes only.

CPA-116 AMENDED LICENSE

CPA-116

Proposed major changes in program or organization shall be submitted to the SDSW for review and possible issuance of amended license.

CPA-118 RENEWAL OF LICENSE

CPA-118

The SDSW will make a licensing study of the agency, and evaluate the child care program of the preceding year before issuing a renewal license.

Any necessary denial of a renewal application or modification of the terms of license will be discussed in advance. Unless the renewal application is withdrawn, this discussion will be confirmed by a registered letter. This letter will (1) state that the application is denied; (2) list the reasons for denial; (3) review the right of appeal and the time limit for filing an appeal (30 days). If an appeal is filed, further proceedings will be conducted in accordance with the Administrative Procedure Act.

CPA-119 TERMINATION OF LICENSE

CPA-119

License may be revoked by the SDSW for failure to meet the standards and regulations as defined in this manual.

No license will be revoked until the licensee has had a reasonable opportunity to achieve conformity with the regulations in this manual.

A license will be revoked by sending a registered letter bearing the designation "Notice of Revocation" to the licensee. This letter will (1) state the license is being revoked; (2) list the specific acts or conditions which constitute lack of conformity with regulations and the dates or time span involved; (3) establish a date for termination of operation and (4) explain the right to file an appeal from this action within 30 days.

If an appeal is filed, further proceedings will be conducted in accordance with the Administrative Procedure Act.

CALIFORNIA-SDSW-MANUAL- CPA

Issue 11-3

Issued 9/15/61

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Regulations

ORGANIZATION AND ADMINISTRATION

CPA-125.3

CPA-120 ADMINISTRATIVE RESPONSIBILITY - PUBLIC AND PRIVATE AGENCIES

CPA-120

Legal responsibility for a child-placing agency or service shall be clearly defined and administrative responsibility specifically placed in accordance with the regulations of the State Social Welfare Board.

CPA-125 ORGANIZATION - PRIVATE AGENCIES

CPA-125

The agency shall be organized and operated on a nonprofit and philanthropic basis.

The organization shall be coordinated with the other social services in the community.

CPA-125.1 INCORPORATION - PRIVATE AGENCIES

CPA-125.1

The Articles of Incorporation of an incorporated agency stating the purpose of the agency in broad terms shall be filed with the Secretary of State at Sacramento.

Copies of the Articles of Incorporation and amendments made thereto shall be filed with the State Department of Social Welfare.

CPA-125.2 CONSTITUTION AND BY-LAWS - PRIVATE AGENCIES

CPA-125.2

Regardless of whether the agency is incorporated, it shall establish a constitution setting forth the purpose of the organization.

The by-laws shall set forth the functions of the organization and the means whereby the functions are to be carried out.

A copy of the constitution and by-laws shall be filed with the State Department of Social Welfare.

CPA-125.3 GOVERNING BOARD - PRIVATE AGENCIES

CPA-125.

The constitution shall provide for control by a responsible governing board.

CALIFORNIA-SDSW-MANUAL-CPA

Rev. 5 replaces Issue 12-1

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CPA-125.35

ORGANIZATION AND ADMINISTRATION

Regulations

CPA-125.35 BOARD MEMBERSHIP - PRIVATE AGENCIES

CPA-125.35

Board members shall have an interest in child welfare, a concern for social conditions in the community, and sufficient time to discharge their obligations as board members. They shall also be persons representative of the community in which the agency operates.

The board shall include in its membership a variety of interests, talents, and professions to insure different points of view. Membership shall be so arranged that no single group or profession shall have a controlling vote.

Board members shall serve without compensation. No board member shall profit financially by reason of his membership nor be employed by the agency regularly either full time or part time.

CPA-125.36 ELECTION OF BOARD MEMBERS - PRIVATE AGENCIES

CPA-125.36

Members shall be elected by the supporting membership or by a representative body for a definite term of office, with expiration of terms so arranged that a rotating board results.

Provision shall be made for the replacement of members who become inactive for a protracted period of time.

CPA-125.37 BOARD MEETINGS - PRIVATE AGENCIES

CPA-125.37

Minutes of board meetings shall be kept.

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Rev. 6 replaces Issue 12-1

Effective 9/15/61

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Regulations

ORGANIZATION AND ADMINISTRATION

CPA-125.38

CPA-125.38 DUTIES AND FUNCTIONS OF THE BOARD - PRIVATE AGENCIES

CPA-125.38

The board shall formally adopt a written statement of the responsibilities to which the members agree. These shall include:

1. Responsibility to the community for adequate services to the children under care.
2. Interpretation of the service of the agency to the community, and of the community to the staff of the agency.
3. Establishment of the policies to be followed by the agency.
4. Exercise of trusteeship for property and investments.
5. Approval of the budget and responsibility for obtaining and receiving adequate funds.
6. Employment of a well-qualified executive for the agency, and delegation to that executive of responsibility for administration and employment of other staff members.
7. Maintenance of an informed, alert, and interested membership.
8. Maintenance of a full membership.

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CPA-125.39 ORGANIZATION AND ADMINISTRATION Regulations

CPA-125.39 COMMITTEES OF THE BOARD - PRIVATE AGENCIES CPA-125.39

Provision shall be made for the appointment of standing committees and such temporary or special committees as are needed.

All committees shall entrust administrative details to the executive and work with the executive.

CPA-126 RELATIONSHIP BETWEEN BOARD AND EXECUTIVE - PRIVATE AGENCIES CPA-126

There shall be proper division of responsibilities between the board and executive to provide efficient administration.

The board shall delegate to the executive the responsibility for administration, but the board shall determine the major policies and the general plan of operation based upon its knowledge of case problems and community needs.

The general policy of the board shall be to include the executive at all regular meetings.

CPA-127 STATISTICAL REPORTS - PUBLIC AND PRIVATE AGENCIES CPA-127

Such monthly statistical reports shall be submitted as the State Department of Social Welfare requires.

Such other records and reports shall be maintained and submitted as required by the State Department of Social Welfare.

CPA-128 OTHER REQUIREMENTS - PUBLIC AND PRIVATE AGENCIES CPA-128

Agencies providing adoption services shall comply with California statutes governing adoption of children and with all applicable rules and regulations of the State Social Welfare Board. See the Adoption Manual of the California Department of Social Welfare.

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CALIFORNIA-SDSW-MANUAL-CPA Rev. 8 replaces Issue 12-3 Effective 9/15/61

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Regulations

FINANCES

CPA-138

CPA-130 FUNDS - PUBLIC AND PRIVATE AGENCIES

CPA-130

The agency shall be soundly financed and shall have sufficient funds to provide the services which it offers.

If budget limitations exist, the scope and size of the agency's services shall be curtailed to a point that will permit available funds to maintain an adequate quality of service.

CPA-135 FINANCIAL PROCEDURES - PUBLIC AND PRIVATE AGENCIES

CPA-135

Policies and practices governing receipt and expenditures of money shall be in accord with sound budgeting, disbursement, and audit control procedures.

CPA-135.1 FINANCIAL RECORDS - PUBLIC AND PRIVATE AGENCIES

CPA-135.1

Financial records shall be maintained of receipts, disbursements assets and liabilities.

Financial records shall be kept current, showing the nature and source of income and the nature of expenditures.

CPA-138 PAYMENT FOR CARE OR SERVICE - PUBLIC AND PRIVATE AGENCIES

CPA-138

Any fees charged shall be clearly defined as such at time of application for service and shall be based upon the actual cost of service.

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Regulations

PERSONNEL

CPA-142.15

CPA-140 GENERAL REQUIREMENT - PUBLIC AND PRIVATE AGENCIES

CPA-140

The number of staff shall be adequate for the scope of the agency's services.

CPA-141 QUALIFICATIONS - ALL PROFESSIONAL STAFF - PUBLIC AND PRIVATE AGENCIES

CPA-141

Staff members shall be fitted by character, personality, health, education, training, and experience for work with parents and with children in foster homes.

The staff of the agency must have educational training and/or experience in family or child welfare work.

CPA-142 STAFF REQUIRED - PUBLIC AND PRIVATE AGENCIES

CPA-142

CPA-142.1 EXECUTIVE - QUALIFICATIONS - PRIVATE AGENCIES

CPA-142.1

The executive shall have professional training in the field of child welfare, or have demonstrated unusual ability and leadership through experience as an executive in the field of child welfare.

When the organization of the agency may necessitate, the executive shall have such other qualifications as are required for the additional duties he may have to assume, such as supervision of casework.

CPA-142.15 EXECUTIVE - DUTIES - PUBLIC AND PRIVATE AGENCIES

CPA-142.15

A. Private Agencies

The duties of the executive shall include the following:

1. Responsibility for appointing and dismissing staff, and for working closely with the personnel committee of the board.
2. Responsibility for attending all regular board meetings and committee meetings of the board, making reports concerning agency activities, and interpreting recognized standards of child care to the board.
3. Responsibility for holding regular staff meetings to discuss plans and policies.
4. Responsibility for organizing and carrying out a program of staff development for all staff members, and for arranging for attendance of staff at social work conferences and other meetings which assist in professional growth and effectiveness.

(Continued)

CALIFORNIA-SDSW-MANUAL-CPA

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CPA-142.15

PERSONNEL

Regulations

CPA-142.15 (Continued)

CPA-142.15

5. Responsibility for carrying out a child care program in conformity with recognized standards of modern child care.
6. Responsibility for leadership and stimulation in community planning for child welfare.

B. Public Agencies

The duties of the executive of a public agency shall include all responsibilities listed for the executive of a private agency, except those related to the board and its committees.

CPA-142.2 CASEWORK SUPERVISORS - PUBLIC AND PRIVATE AGENCIES

CPA-142.2

Case supervisors shall be employed to be responsible to the executive for the adequate performance of casework services.

Case supervisor(s) shall have the following qualifications:

1. Successful completion of two years of graduate work in an accredited school of social work and at least three years experience in a case-work capacity in the field of family or child welfare; or
2. Successful completion of one year of graduate work in an accredited school of social work, at least three years of experience in a case-work capacity in the field of family or child welfare, and at least two years of experience in the capacity of casework supervisor; or
3. Successful completion of one year of graduate work in an accredited school of social work, at least three years of experience in a case-work capacity in the field of family or child welfare, and demonstrated ability within the agency for promotion to casework supervisor.

In an agency which does not have a casework supervisor, the executive shall meet these qualifications.

CPA-142.5 CASEWORKERS - PUBLIC AND PRIVATE AGENCIES

CPA-142.5

Caseworkers shall have the following qualifications:

1. Successful completion of two years of graduate work in an accredited school of social work; or
2. One year of graduate work in an accredited school of social work and at least two years of experience in the field of child welfare or family welfare; or
3. College graduation and at least four years of paid experience in the field of child welfare or family welfare, if one year of graduate work has not been completed.

CALIFORNIA-SDSW-MANUAL- CPA

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Regulations

PERSONNEL

CPA-148

CPA-142.8 CLERICAL STAFF - PUBLIC AND PRIVATE AGENCIES

CPA-142.8

An adequate clerical staff shall be maintained.

CPA-148 PERSONNEL PRACTICES - PUBLIC AND PRIVATE AGENCIES

CPA-148

Employment and tenure of position shall be based solely upon competence.

Personnel policies shall be developed by the agency.

Personnel policies, salaries, and working conditions shall be such as to attract and hold competent, well-qualified staff and to stimulate their professional growth.

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CALIFORNIA-SDSW-MANUAL-CPA

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Regulations

SERVICES

CPA-182

CPA-180 GENERAL REQUIREMENTS

CPA-180

The processes of intake, placement, supervision, and termination of care shall be in accord with present-day accepted standards of child care and social casework.

Services provided shall give evidence of adherence to the following principles of child care:

1. A child has a basic right to his own home and family, the natural setting in which the child's social and personality growth normally occur.
2. Primary emphasis shall be upon skillful and understanding professional service to parents to help them meet the child's needs in his own home whenever possible.
3. The type of service provided shall be based upon consideration of the child's individual needs, his family situation, and the wishes of and participation of his parents.
4. The foster home care given must provide opportunities for maximum development of the child's native capacities and must further his development into an adequate adult personality.

CPA-181 INITIAL STUDY

CPA-181

The decision to accept a case for service shall be based upon (1) clearly defined but flexible agency policy, and (2) a complete social study of the child's total situation to determine what will best serve his ultimate welfare.

The social study shall be recorded.

CPA-182 PLACEMENT AND SUPERVISION

CPA-182

1. Children shall be placed in foster homes of the same religious faith as that of the child, or in accordance with the desire expressed by the parent.
2. Children shall be placed in homes of the same racial and national background when this is possible.
3. Children of the same family shall be kept together whenever possible unless it has been determined that this is not beneficial.

(Continued)

CALIFORNIA-SDSW-MANUAL-CPA

Issue No. 18-1

Effective 3/1/59

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CPA-182

SERVICES

Regulations

CPA-182 (Continued)

CPA-182

4. The selection of a foster family home or of group care in an institution for a particular child shall be based upon consideration of the individual child's total needs (health, educational, religious, recreational, social and emotional) and how well the particular foster family or institutional program can meet the child's needs and potentialities.
5. Every effort shall be made to strengthen family relationships and to help parents make a responsible plan for the permanent care of their children, unless the child has been permanently removed from the custody of his parents, or the plan is placement in an adoptive home.
6. The agency shall make certain that adequate and appropriate clothing, recreational allowances, and continuing medical and dental care are provided for each child.
7. The agency shall maintain adequate supervision through sufficiently frequent visits to the child, foster family (or institution) and own family. The frequency of such visits shall be determined by the circumstances of each case and the discretion of the agency.

The caseload of a worker giving full time to the supervision of children in foster homes shall not exceed fifty children. If the worker carries other responsibilities such as recruitment or home finding, intake, or work with children with serious emotional disturbances, or work with children in their own families, or the geographical area to be covered is widespread, the caseload shall be proportionately reduced.

8. Psychological study, direct treatment by a psychiatrist, or psychiatric consultation to aid the caseworker in treatment shall be provided by the agency for those children accepted for care who require such specialized professional services.

9. Foster homes used for children under sixteen years of age shall conform to the Standards for Boarding Homes for Children as developed by the State Department of Social Welfare and set forth in the Boarding Home Manual.

CPA-185 TERMINATION OF FOSTER CARE

CPA-185

Termination of agency care shall be determined by casework study and planning.

Continuing study of the home and planning with the family and child shall precede the return of the child to his parents or a relative.

Arrangements shall be made for adequate follow-up service and supervision according to the child's needs.

CALIFORNIA-SDSW-MANUAL-CPA

Rev. 30 replaces Issue No. 18-2

Effective 9/15/61

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Regulations

CASE RECORDS

CPA-195

CPA-190 GENERAL REQUIREMENTS

CPA-190

The agency shall maintain adequate case records for each child and family.

Separate records shall be maintained for each foster home studied and used by the agency. See Sec. CPA-204.

Current administrative records shall be maintained by the agency in such a form as to provide an index to all cases, including location of all children under care and of all foster homes in use.

CPA-195 CONTENT OF CHILD'S RECORD

CPA-195

Each record shall include a face sheet, report of original study, and progress reports of the child under care and work with the child's family.

The record shall also contain either the child's medical record or a listing of the dates of physical examinations, medical treatment, hospitalization, and illnesses, with a brief notation for each entry showing any significant findings at the time of examination or treatment. The medical record, whether maintained in the child's record or elsewhere, shall include a summary of the child's previous health history and reports on all physical examinations, tests, and treatment required by Section CPA-210.

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CALIFORNIA-SDSW-MANUAL- CPA

Rev. 27 replaces Issue 19-1

Effective 9/15/61

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Regulations HOMES IN EXCLUSIVE USE BY LICENSED CHILD PLACING AGENCIES CPA-202

CPA-200 GENERAL REQUIREMENTS

CPA-200

The work of a child placing agency in selecting foster homes for its exclusive use and in placing children in such homes is subject to review by the SDSW, which may terminate its approval of the agency's selection and use of homes exempt from license.

The exemption from license of homes in exclusive use shall be limited to boarding homes as defined in Boarding Home Manual, Regulations, Secs. BH-2.10 through 2.12, Boarding homes for Children; BH-2.20 through 2.23, Foster Day Care Homes - Children; and BH-2.30 through 2.31, Parent-Child - Boarding Homes.

The above exemption shall not include boarding homes over which the State Department of Social Welfare has no jurisdiction. (See Boarding Home Manual, Handbook, Sec. BH-3.50, Facilities Subject to License by Other State Agency.)

CPA-201 IDENTIFICATION OF HOMES IN EXCLUSIVE USE

CPA-201

Each unlicensed foster home in the exclusive use of a licensed child placing agency shall be provided with a Certificate of Approval (Form BHC 30.2, Revised), properly completed and signed by the executive or other representative of the agency.

A copy of the Certificate of Approval shall be kept in each foster family case record.

CPA-202 NOTIFICATION TO ACCREDITED LICENSING AGENCY

CPA-202

A licensed child placing agency shall notify the accredited (public) agency of the county in which the home is located of each home approved for exclusive use, each home rejected after study, and each home of which exclusive use is being terminated.

Notification shall be on Form BHC 30.3 by the licensed child placing agency within thirty days after action to approve, reject, or terminate the use of the home.

A licensed child placing agency shall also send immediate notification of a desired change to the public licensing agency when (1) a home approved for exclusive use, wishes to become a licensed home, or (2) a licensed home wishes to become a home approved for the exclusive use of the agency and the agency plans to issue a Certificate of Approval to this home. Form BHC 30.3 shall be used for this purpose.

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

CPA-203 HOMES IN EXCLUSIVE USE BY LICENSED CHILD PLACING AGENCIES Regulations

CPA-203 CONFORMITY WITH BOARDING HOME MANUAL CPA-203

CPA-203.1 CONFIDENTIAL NATURE OF RECORDS AND INFORMATION CPA-203.1

Sec. BH-020 of the Boarding Home Manual, Regulations, shall be applicable to the interchange of information concerning foster homes in exclusive use between accredited agencies and licensed child placing agencies.

CPA-203.2 STANDARDS OF FOSTER CARE CPA-203.2

The Standards for Boarding Homes for Children, Sections BH-120 through 125 in the Boarding Home Manual, shall be the basis for the approval of homes for exclusive use.

CPA-203.3 COMPLIANCE WITH STATE LAWS AND REGULATIONS CPA-203.3

Conformity with state laws and regulations regarding housing, sanitation, and fire safety shall be determined in accordance with Secs. BH-105.50 through 105.54 of the Boarding Home Manual.

The responsibility of foster parents to comply with any existing local ordinances shall be called to their attention.

CPA-203.4 ADHERENCE TO LIMITATIONS OF CERTIFICATE OF APPROVAL CPA-203.4

The foster home approved for the exclusive use of a licensed child placing agency shall accept only those children placed by the agency which approved the home.

CPA-203.5 HEALTH AND MEDICAL CARE CPA-203.5

The securing of consent for medical care from parents shall be the responsibility of the child placing agency rather than the foster parent.

CPA-203.6 REGISTER CPA-203.6

The maintenance of the information required in Section 1627 of the Welfare and Institutions Code shall be the responsibility of the child placing agency.

CALIFORNIA-SDEW-MANUAL-CPA Rev. 19 replaces Issue 20-2 Effective 9/15/51

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CONTINUATION SHEET
**FOR FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE**
 (Pursuant to Government Code Section 11380.1)

Regulations HOMES IN EXCLUSIVE USE BY LICENSED CHILD PLACING AGENCIES CPA-204

CPA-203.7 CHANGE OF ADDRESS OR MANAGEMENT

CPA-203.7

A change in the address or management of the foster home shall nullify approval of the home for exclusive use. Another social study at the new address shall be made before approval is again given by the child placing agency. Similarly, approval of a home at a given address is not transferable to a new occupant of those premises.

CPA-204 FOSTER HOME STUDY AND CASE RECORD

CPA-204

Each foster home study shall include all steps necessary to determine whether applicable standards are or are not met. (See Boarding Home Manual, Secs. BH-120 through 125.)

All members of the potential foster family shall be seen. There shall be as many office interviews and home visits as necessary to determine whether the agency can use the home and for what type of child.

The foster home study shall be fully recorded.

A separate case record shall be maintained for each foster home. In addition to the foster home study (including contacts with references), the record shall contain:

1. A face sheet or application form
2. All pertinent correspondence
3. Medical clearances, any necessary annual fire clearance, and/or any Social Service Exchange clearances
4. A copy of the notice to the public licensing agency of action taken
5. A copy of the Certificate of Approval
6. A record of each child placed in the home and the dates the child received care.

A periodic recorded evaluation of the continuing service rendered by each home shall be made not less often than annually, and preferably at least quarterly.

An evaluation shall be made each time a child leaves the home. All changes in the foster family situation, such as family composition, health, employment, and housing shall also be recorded.

CALIFORNIA-SDSW-MANUAL- CPA Rev. 20 replaces Issue 20-3

Effective 9/15/61

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

CPA-205 HOMES IN EXCLUSIVE USE BY LICENSED CHILD PLACING AGENCIES Regulations

CPA-205 MASTER FILE

CPA-205

The child placing agency shall maintain a master file of all foster homes studied and/or used by the agency (including any licensed homes).

CPA-206 CASE PROCESSING CONTROLS

CPA-206

Such card files and controls as may be necessary shall be maintained in connection with case processing such as:

1. Pending applications
2. Periodic evaluations
3. Annual fire clearances (when required)
4. Homes in use
5. Homes studied and available for use

CPA-207 USE OF LICENSED HOMES AND HOMES HOLDING A CERTIFICATE OF APPROVAL

CPA-207

A licensed child placing agency may use a licensed home. When it does, it shall notify the public licensing agency of such use.

A home approved for the exclusive use of a licensed child placing agency shall not be used by another agency.

The individual needs of each child placed, as well as the physical accommodations of the home and the ability of the foster parents, shall determine the number of children who may be placed.

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CALIFORNIA-SDSW-MANUAL-CPA Rev. 21 replaces Issue 20-4

Effective 9/15/61

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(Pursuant to Government Code Section 11380.1)

Regulations HEALTH PROTECTION CPA-210

CPA-210 GENERAL REQUIREMENT CPA-210

The agency shall provide adequate preventive and remedial medical care through a qualified physician, preferably a pediatrician, or through a medical clinic organized to provide the necessary medical service.

The medical care provided shall include:

1. Complete physical examination, including examination of eyes and ears (prior to placement whenever possible).
2. Prompt treatment of remediable physical conditions.
3. Necessary laboratory tests and inoculations.
4. Immunization of children over six months against diphtheria and vaccination against smallpox; immunization of children under six years against whooping cough.
5. Provision for tuberculin test or chest X-ray for each child; provision for nose and throat culture, vaginal smear, and Wassermann when indicated.
6. For infants continuing medical supervision; for older children physical examinations at least annually or oftener as recommended by the physician or as the child's development and condition indicate.
7. Care in case of illness or accident, including provision for medical care and hospitalization as required.
8. Dental examinations semi-annually followed by necessary treatment; arrangements for orthodontic care for children requiring this care.
9. Continuing observation of the child's developmental progress and discussion with the physician of any deviations from satisfactory conditions.
10. Competent psychological and psychiatric treatment or consultation for those children who require such service.
11. Health instruction, adequate nutrition, and training in sound physical and mental health habits. This training shall be shared by parents, foster parents, caseworker, and physician.

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

STATE SOCIAL WELFARE BOARD

RESOLUTION RE INCREASE IN AID TO THE BLIND EFFECTIVE OCTOBER 1, 1961

WHEREAS, Public Law 87-64 recently enacted by Congress increases the Federal participation in the grant-in-aid to Aid to Needy Blind by 80 cents per recipient effective October 1, 1961, and

WHEREAS, Section 3084.1 and Section 3472.1 of the Welfare and Institutions Code provide that whenever the Federal Government increases its grant-in-aid the maximum grants shall be increased accordingly, and

WHEREAS, these sections of law provide that any portion of the grant-in-aid increase which is less than a whole dollar may be disregarded, and

WHEREAS, the fact the Federal grant-in-aid provided by Public Law 87-64 is less than one dollar the State Social Welfare Board is left with a choice as to whether the maximum grant for Aid to the Blind shall be increased, and

WHEREAS, with the same 80-cent increase in the Federal grant-in-aid the Old Age Security law directs an increase in that grant of one dollar, and

WHEREAS, the provisions of law clearly indicate that it is the intent of the Legislature that Federal grant-in-aid increases shall accrue to the benefit of recipients and not to the benefit of the state and county treasuries, and

WHEREAS, there is a necessity of maintaining a uniformity of considerations of the needs of blind and aged persons, therefore be it

RESOLVED THAT the maximum grants for Aid to Needy Blind and Aid to Potentially Self-supporting Blind be increased as of October 1, 1961, by the amount of 80 cents.

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

The following regulations are repealed effective September 15, 1961:

A-207.2, Debts Incurred While Applicant or Recipient
A-207.3, Maximum Allowances For Payments On Debts
B-207.1, Debts Incurred Before Date of Application - ANB-APSB
B-207.2, Debts Incurred While Applicant or Recipient - ANB-APSB
B-207.3, Maximum Allowances For Payments On Debts - ANB-APSB
BH-2.60, Summer Camps
Standards for Established Camp for Children in California

The following regulations are repealed effective October 1, 1961:

B-206.9, Special Need For Dental Care - ANB-APSB
B-206.92, Special Need For Eyeglasses - ANB-APSB

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

W&IC 103.3, 115, 116

EDMUND G. BROWN, GOVERNOR

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

J. M. WEDEMEYER, DIRECTOR

722 CAPITOL AVENUE, SACRAMENTO 14

August 8, 1961

DEPARTMENT BULLETIN NO. 610 (STAT)

TO: COUNTY WELFARE DEPARTMENTS

Subject: Change in Study Month,
Distribution of Payments Report
(S-261) from September 1961 to
October 1961

The Federal Social Security Administration has informed us that the study month for the above report has been changed to October for this year so that data will reflect the initial effect of additional funds made available through Public Law 87-64, "Social Security Amendments of 1961."

Accordingly, the study month for the Distribution of Payments report as specified in Research and Statistics Manual Section S-261 is changed from September to October. The new due dates for this report, for 1961 only, are:

- September 1: New date by which time counties are to advise
SDSW which method of reporting will be used
(see S-261.05)
- October 11: Data from main payroll for month of October
due in Sacramento (S-261.04)
- November 16: Data from supplemental payrolls and contra rolls
for month of October due in Sacramento.

This bulletin ceases to be effective November 30, 1961.

These Regulations are designated to become effective OCT 1 1961

DO NOT WRITE IN THIS SPACE

EDMUND G. BROWN, GOVERNOR

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

J. M. WEDEMEYER, DIRECTOR

722 CAPITOL AVENUE, SACRAMENTO 14

August 29, 1961

DEPARTMENT BULLETIN NO. 611 (OAS)

TO: COUNTY WELFARE DEPARTMENTS
COUNTY BOARDS OF SUPERVISORS
COUNTY AUDITORS

Subject: Increase in Statutory Maximum
OAS Grant Effective Oct. 1, 1961

Public Law 87-64, recently enacted by the U. S. Congress, amends the federal sharing formula, increasing federal participation from \$41.50 a month to \$42.30 a month per OAS recipient, effective October 1, 1961. As a result of this increase in federal participation, maximum OAS grants payable under W&IC Sections 2020 and 2020.002 are increased, pursuant to W&IC Sec. 2025, by an amount equal to the nearest dollar of federal increase which, in this instance, is \$1. Thus, the statutory maximum under Sec. 2020 is increased from \$95 to \$96, and the maximum under Sec. 2020.002 is increased from \$115 to \$116.

Necessary adjustments in grants of current recipients are to be made effective with the payment for October 1961. Grants which are made effective on and after that date for new applicants are also to be in accord with the regulations in this bulletin.

A. STANDARD OF ASSISTANCE

1. Basic Continuing Needs

The amounts within the \$96 grant for basic needs are as follows:

Food - - - - -	\$28.50
Housing and Utilities - - - - -	21.30
Household Maintenance - - - - -	4.50
Clothing - - - - -	9.70
Transportation - - - - -	6.00
Personal Care, Development and Incidentals - - - - -	21.00*
Medicine Chest Supplies - - - - -	5.00
TOTAL - - - - -	\$96.00

* The \$1 increase in basic need is allocated to the Personal Care, Development and Incidental item. Personal and incidental need for the patient in a public medical institution is increased from \$16 to \$17, and for the recipient in an aged boarding home or in a nursing home, the flat \$36 currently allowed in lieu of basic allowances for clothing, transportation, personal care, etc., is increased to \$37.

These Regulations are designated to become effective.....

OCT 1 1961

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CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE
 (Pursuant to Government Code Section 11380.1)

2. Special Needs

Special needs and payments from the Medical Care Fund on behalf of eligible recipients will continue to be allowed in accord with current regulations.

B. AID PAYMENTS

The change in the Standard of Assistance as provided in Sec. A above, will result in a \$1 increase in the aid payment for almost all OAS recipients. Aid payments effective 10/1/61, will be computed as follows:

1. Income of \$20 a Month or More

If the recipient's current net income received in the month is \$20 or more, the amount of such income is subtracted from the amount of his total need for the month. The resultant figure, or \$96, whichever is less, is the amount of the grant.

2. No Income or Income Under \$20

If there is no income, or the recipient's current net income received in the month is less than \$20, the amount of such income is subtracted from his total need or from \$116, whichever is less. The resultant figure is the amount of the grant.

Recipients who may be entitled to no increase in grant, effective October 1, 1961, or to an increase in amount other than \$1 include:

- a. Those who have other changes in circumstances effective October 1, 1961.
- b. Recipients who receive income from a community interest in their spouse's civil or military pension, as provided in Sec. A-212.51. Such recipients may be eligible for an increase of more than \$1. The increase in the OAS standard of assistance results in a corresponding increase in the amount of such income the spouse may retain for his own needs, and therefore, decreases the amount of income allocated to the recipient.

C. AUTHORIZATION OF OCTOBER 1961 CHANGES

County action authorizing the necessary changes October 1, 1961, is, insofar as possible, to be taken in September in order that the warrants delivered on October 1 will be in the amount due for the month.

Grant adjustment for recipients entitled to a \$1 increase may be authorized by list rather than individual authorization document. When authorization is by list, the following information shall be recorded in the individual case record by use of a rubber stamp or otherwise:

"Aid increased to \$ _____ effective October 1, 1961, pursuant to W&IC Sec. 2025."

Grant adjustments for recipients who are receiving an increase in an amount other than \$1 effective October 1, 1961, must be authorized on individual authorization documents. (See Handbook Sec. A-025.25).

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(Pursuant to Government Code Section 11380.1)

D. NOTIFICATION TO RECIPIENTS

The attached notice shall be included with the October 1, 1961, check to each recipient receiving the \$1 increase.

In all other cases, Form Ag 239, Notice of Action, shall be sent (see Sec. A-014.70).

E. REVISED MANUAL SECTIONS

This bulletin is supplementary to and supersedes all manual sections in conflict with it. Basic need, as shown in any section, is hereby changed from \$95 to \$96. Computations and examples are changed so as to be consistent with the revisions in basic need and maximum payments. \$95 and \$115 as shown on Budget Work Sheet, Form Ag 158, and Form Ag 239, Notice of Action-OAS, are to be changed to \$96 and \$116 respectively. Appropriate changes in the Manual of Policies and Procedures will be made in connection with legislative changes effective January 1, 1962.

F. ESTIMATE OF COST

It is estimated that the \$1 increase in statutory maximum payments, effective October 1, 1961, will cost a total of \$2,268,800 for the balance of 1961 through June 1962. This is divided between the respective units of government as follows:

Federal participation - \$1,815,000
State participation - \$389,000
County participation - \$ 64,800

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DEPARTMENT BULLETIN NO. (OAS)
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These Regulations are designated to become effective OCT 1 1961

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

NOTIFICATION TO RECIPIENTS

OAS

We wish to inform you that your October check has been increased by \$1.

The state law permits us to pass on an increase in the federal grant which became effective October 1, 1961.

Laws passed by the California Legislature will also affect the amount of grants, but these laws do not take effect until January 1, 1962.

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective OCT 1 1961

EDMUND G. BROWN, GOVERNOR

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

J. M. WEDEMEYER, DIRECTOR

722 CAPITOL AVENUE, SACRAMENTO 14

August 31, 1961

DEPARTMENT BULLETIN NO. 613 (AB)

TO: COUNTY WELFARE DEPARTMENTS
COUNTY BOARDS OF SUPERVISORS
COUNTY AUDITORS

Re: Increase in Statutory Maximum
ANB and APSB Grant Effective
October 1, 1961

Public Law 87/64, recently enacted by the U.S. Congress, amends the federal sharing formula increasing federal participation from \$41.50 a month to \$42.30 a month per ANB recipient, effective October 1, 1961. As a result of this increase in federal participation, the maximum ANB and APSB grant payable under W&IC Section 3084 and 3472 are increased pursuant to W&IC Section 3084.1 and 3472.1, by an amount equal to such increase by the U.S. Government which, in this instance, is 80 cents. Thus, the statutory maximum under W&IC Section 3084 and 3472 is increased from \$115 to \$115.80.

Necessary adjustments in grants of current recipients are to be made effective with the payments for October 1961. Grants which are made effective on and after that date for new applicants are also to be in accord with the regulations in this bulletin.

A. STANDARD OF ASSISTANCE

1. Basic Continuing Needs

The amounts within the grant of \$115.80 for basic needs are as follows:

Food - - - - -	\$33.00
Housing and Utilities - - - -	30.00
Household Maintenance - - - -	5.50
Clothing - - - - -	11.00
Transportation - - - - -	8.50
*Personal Care, Development and Incidentals - - - - -	22.80
Medicine Chest Supplies - - - -	5.00
TOTAL	\$115.80

* The \$.80 increase in basic need is allocated to the Personal Care, Development and Incidental item. Personal and Incidental need for the patient in a public medical institution is increased from \$16 to \$16.80 and for the recipient in a boarding home or in a nursing home, the flat \$41.50 currently allowed in lieu of basic allowance for clothing, transportation, personal care, etc., is increased to \$42.30.

These Regulations are designated to become effective OCT 1 1961

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CONTINUATION SHEET
**FOR FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE**
 (Pursuant to Government Code Section 11380.1)

2. Special Needs

Special Needs and payments from the Medical Care Fund on behalf of eligible recipients will continue to be allowed in accord with current regulations.

B. AID PAYMENTS

The change in the Standard of Assistance as provided in Section A above, will result in an 80 cent increase in the aid payment for almost all ANB and APSB recipients. Aid payments effective 10/1/61, will continue to be computed in accord with Regulation B-221 - Aid to the Blind Manual of Policies and Procedures.

Recipients who may be entitled to no increase in grant, effective 10/1/61, or to an increase in amount other than 80 cents include:

- a. Those who have other changes in circumstances effective 10/1/61.
- b. Recipients who receive income from a community interest in their spouse's civil or military pension, as provided in Section B-212.51. Such recipients may be eligible for an increase of more than 80 cents. The increase in the standard of assistance results in a corresponding increase in the amount of such income the spouse may retain for his own needs and therefore decreases the amount of income allocated to the recipient.

C. AUTHORIZATION OF OCTOBER 1961 CHANGES

Action authorizing the necessary changes October 1, 1961, is to be taken, insofar as possible, in September in order that the warrants delivered on October 1 will be in the amount due for the month.

Grant adjustment for recipients entitled to an 80 cent increase may be authorized by list rather than individual authorization document. When authorization is by list, the following information shall be recorded in the individual case record by use of a rubber stamp or otherwise:

"Aid increased to \$ _____ effective October 1, 1961, pursuant to W&IC Section 3084.1 (or 3472.1)."

Grant adjustments for recipients who are receiving an increase in an amount other than 80 cents effective October 1, 1961, must be authorized on individual authorization documents. (See Handbook Section B-025.24 - Aid to the Blind Manual)

D. NOTIFICATION TO RECIPIENTS

The attached notice shall be included with the 10/1/61 warrant to each recipient receiving the 80 cent increase.

In all other cases, Form BL 239, Notice of Action, shall be sent (see Regulation B-014.70).

DEPARTMENT BULLETIN NO.
Page 2

OCT 1 1961

These Regulations are designated to become effective.....

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CONTINUATION SHEET
**R FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE**
 (Pursuant to Government Code Section 11380.1)

E. MINIMUM NEEDS OF RECIPIENTS IN REHABILITATION FACILITIES

The following need items are considered to be common to recipients in certified rehabilitation facilities for whom a plan of rehabilitation has been authorized by the county welfare department. (See Regulations Sec. MC 018 and Handbook Sec. MC 031.6, Item II, D.)

Board, Room and Personal Care - - - - -	-\$79.00
Clothing, Personal Expenses, Recreation, Transportation and Errand Service - - - -	16.00
Expense incident to blindness - - - - -	20.80
	<u>\$115.80</u>

F. REVISED MANUAL SECTIONS

This bulletin is supplementary to and supersedes all manual sections in conflict with it. Basic need, as shown in any section is hereby changed from \$115 to \$115.80. Computations and examples are changed so as to be consistent with the revisions in basic need and maximum payments. Form BL 158, Budget Work Sheet and Form BL 239, Notice of Action - Aid to the Blind, are to be changed from \$115 to \$115.80. Appropriate changes in the Manual of Policies and Procedures will be made in connection with legislative changes effective 1-1-62.

G. ESTIMATE OF COST

Since the total amount of the increase comes from federal funds, there will be no increase in the expenditure of state or county funds for Aid to Needy Blind. The amount of the Federal increase for the period 10/1/61 to 6/30/62 will be \$102,500.

It is estimated that the 80 cents increase in statutory maximum payments, effective 10/1/61, will cost a total of \$2,400 in APSB for the balance of 1961 through June 1962.

This is divided between the respective units of government as follows:

State Cost	\$2,000
County Cost	<u>400</u>
 TOTAL	 \$2,400

DEPARTMENT BULLETIN NO.

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These Regulations are designated to become effective OCT 1 1961

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CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

NOTIFICATION TO RECIPIENTS

AB

We wish to inform you that your October check has been increased by 80 cents.

The state law permits us to pass on an increase in the federal grant which became effective October 1, 1961.

Laws passed by the California Legislature will also affect the amount of grants, but these laws do not take effect until January 1, 1962.

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective OCT 1 1961

EDMUND G. BROWN, GOVERNOR

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

J. M. WEDEMEYER, DIRECTOR

722 CAPITOL AVENUE, SACRAMENTO 14

August 31, 1961

DEPARTMENT BULLETIN NO. 614 (OAS)

TO: COUNTY WELFARE DEPARTMENTS
COUNTY BOARDS OF SUPERVISORS
COUNTY AUDITORSSubject: Implementation of Legislation
Amending W&IC Sections 2016,
2025.01, and 2160.9W&IC Section 2016 is amended by Chapter 245 effective September 15, 1961,
to provide:

"2016. Within 10 days after making a request, and within 10 days after any change in his grant, every applicant or recipient shall be given an itemized report setting forth the amount of deductions if any, and aid granted to him, and the budget allowances made in determining the amount of aid granted to him except for a supplemental grant a simple explanation of the additional payment shall suffice. The State Social Welfare Board may waive this requirement for statutory changes in grant. The pricing established for food, clothing, incidentals, and personal needs, household operations and transportation, shall be compatible with decency and health.

"Budgetary allowances for goods and services shall not be reduced solely on the basis that the goods and services are being purchased from a responsible relative of the recipient but such allowances shall not exceed the prevailing community rate for such goods and services."

Regulation and Handbook sections affected by this amendment will be revised later to incorporate these changes and also legislative changes affecting these sections which become effective January 1, 1962. In the interim the provisions of this bulletin supersede any provisions in conflict therewith in Regulation Section A-014.70 and in Handbook Sections A-025.15, A-025.16, A-204.09, and A-204.23.

Significant Changes as a Result of this Legislation

1. Provision for a "simple explanation" to the recipient who receives a "supplemental grant."

These Regulations are designated to become effective SEP 15 1961

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Present code and regulations require that with every new grant and every grant change the recipient be given a detailed statement of his total need, income, and grant determination. Detail that is not directly related to a payment may be confusing and serve to defeat the purpose of the notification document which is to provide a clear explanation to the recipient. Accordingly, for the supplemental grant, the code has been amended to permit elimination of some of this detail and use of a simple explanation of only the additional payment.

"Supplemental grant" as used herein, means an additional payment for the current and/or prior months. For such changes, the ABCD 239 or an equivalent substitute form or letter may be used in place of the AG 239 as notification to the recipient (see Handbook Section A-025.16).

2. Prohibition against reducing need allowances for goods and services solely on the basis such goods and services are purchased from a responsible relative.

The present code provides that allowances to a recipient for goods and services purchased from the responsible relative shall not exceed the cost of such goods and services to the relative. Regulations implementing the present code provision permit special need for items purchased from a responsible relative only when it is established that the cost to the relative exceeds the basic allowance.

Under the amended code provision, criteria for determining the amount of special need will be the same whether the need item is purchased from a responsible relative or from a nonrelative (see OAS Manual Chapter 20).

Appropriate adjustment is to be made in grants of recipients who currently are receiving a reduced allowance for a need item because it is being purchased from a responsible relative. Such adjustment is to be effective October 1, 1961.

Chapter _____ (AB 2345) adds W&IC Sec. 2025.01 to the code effective September 15, 1961, to provide:

"2025.01. For the purposes of this chapter, interest received by a recipient on money on deposit in a savings account in a bank, savings and loan association, or other institution authorized by law to accept savings deposits by members of the public shall be considered an inconsequential resource of the recipient."

On and after September 15, 1961, interest payments, as referred to in the above-cited code section, are to be considered as an inconsequential resource rather than as income. Any unexpended portion of such payments are to be included as personal property on the first of the month following receipt.

The counties shall report to the State Department of Social Welfare any cases where the amount of the interest payment per annum amounts to \$50 or more.

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Regulation and Handbook sections affected by this new code section will be revised later to incorporate these changes and other legislative changes which become effective 1/1/62. In the interim, the provisions of this bulletin supersede any provisions in Regulation and Handbook Sections A-211 in conflict therewith.

Chapter 35 (SB 71) amends W&IC Sec. 2160.9, effective 9/15/61, to add the following provision:

"If a recipient pays less for an item of need than the amount specified in the basic budget formulated by the State Social Welfare Board, the difference shall not be considered deductible income unless it is established that the difference is in fact a regular contribution toward the support of the recipient. For the purpose of this section, casual income or the value of inconsequential assistance furnished without charge to the recipient by another shall not be deducted from his grant. This section shall not apply to medical services provided pursuant to Chapter 1 of Part 3 of Division 5 of this code."

Current regulations and policy interpretation as set forth in Regulation and Handbook Sections A-211 and Handbook Sec. A-212.40 are consistent with the code as amended, and accordingly no manual changes are required to implement this amendment. However, attention is directed to this legislative mandate. Some clarifications will be made in appropriate manual sections as other legislative changes affecting the same sections are implemented effective 1/1/62.

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W&IC 103.3, 4555

EDMUND G. BROWN, GOVERNOR

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

J. M. WEDEMEYER, DIRECTOR

722 CAPITOL AVENUE, SACRAMENTO 14

September 1, 1961

DEPARTMENT BULLETIN NO.615 (AB, ATD)

TO: COUNTY WELFARE DEPARTMENTS
COUNTY BOARDS OF SUPERVISORS
COUNTY AUDITORS

Subject: Notices to Recipients
Regarding Medical Care Program

The attached notice shall be sent to recipients of Aid to the Blind and Aid to Disabled as an enclosure with the October 1961 warrant, or as a separate mailing before October 1, 1961.

An adequate supply in printed form of this one-time use notice is being forwarded to all counties.

Attachment

These Regulations are designated to become effective October 1, 1961

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IMPORTANT INFORMATION FOR YOU

AB

It is important to you to read this notice

Due to recent legislation, eye examinations, glasses and additional dental care services will be available to you on October 1, 1961. Payment for these services will be made from the Medical Care Fund just as are physicians' services and drugs at the present time. No allowance in your grant will be available after October 1, 1961, for these items of need.

To obtain these services you may go to any doctor or dentist of your choice. Consult your social worker if you need additional information.

IMPORTANT INFORMATION FOR YOU

ATD

It is important to you to read this notice

Due to recent legislation, eye examinations, glasses and additional dental care services will be available to you on October 1, 1961. Payment for these services will be made from the Medical Care Fund just as are physicians' services and drugs at the present time.

To obtain these services you may go to any doctor or dentist of your choice. Consult your social worker if you need additional information.

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W&IC 103.3, 402, 2383

EDMUND G. BROWN, GOVERNOR

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

J. M. WEDEMEYER, DIRECTOR

722 CAPITOL AVENUE, SACRAMENTO 14

September 1, 1961

DEPARTMENT BULLETIN NO. 616 (GEN)

TO: COUNTY WELFARE DEPARTMENTS

Subject: Demonstration and Experimental
Projects

I
PROCEDURAL INSTRUCTIONS
FOR
REQUESTING STATE FISCAL PARTICIPATION
IN
LOCAL PROJECTS

A. GENERAL STATEMENT

Action was taken by the 1961 Legislature to provide state funds for projects which will improve welfare administration in California and increase community services and resources. Assembly Bill 1670 (Statutes of 1961, Chapter 1567), County Demonstration Projects, and Senate Bill 437 (Statutes of 1961, Chapter 1447), Community Services for Older Citizens, are the two measures passed. AB 1670 is designed to improve the administration of public assistance and projects are to be undertaken by the county welfare departments. SB 437 is designed to provide community services for older persons generally and the projects may be accepted from any appropriate public agency. In addition, the department has long provided for the improvement of services to children through Child Welfare Services funds, made available to the State Department of Social Welfare by the Federal Government under Title V, Part 3 of the Social Security Act.

The Statutes of 1961 provide:

1. For various kinds of demonstration and experimental projects in local communities to improve administration and services for all public assistance categories, and
2. To assist local communities "to promote local community activities which will further the efforts of older persons, their families, religious groups, legislative bodies, public and voluntary social agencies, and related professions in accomplishing for older persons an opportunity to remain active and contributing members in their community to the fullest extent possible."

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3. In addition, Child Welfare funds assist local communities to provide services for children through personnel in county welfare departments and through cooperative projects in community organization.

This bulletin outlines the procedures by which agencies may submit project fund requests to the State Department of Social Welfare, the criteria for evaluating requests, kinds of projects which can be financed, the method of state and local fiscal and operational participation, the specific forms for submitting requests, and the responsibilities involved in project evaluation.

There are similarities and differences between projects for application. Wherever possible the same procedures apply to all projects, however, to assure that the differences are clear, specific procedures are repeated below under (1) Public Assistance Demonstration and Experimental Projects; (2) Community Services Project Requests for Older Persons; and (3) Child Welfare Services Funds. The material is presented in this form for the convenience of the applying agency.

All requests for project funds from the State Department of Social Welfare will be submitted from local agencies on Form GEN 188.

Project funds may be requested for planning, for designing, for operating and for evaluating projects which meet the stated criteria.

All project requests will be directed to the Project Director, State Department of Social Welfare, 722 Capitol Avenue, Sacramento 14, California.

B. GENERAL PROCEDURES

1. Following submission of project application:
 - a. The SDSW will review the application and approve, disapprove, or obtain clarification or additional information from the applying agency.
 - b. When the project is approved the SDSW will:
 - (1) Draw up a contract covering the period from the starting date to the end of the fiscal year.
 - (2) Send the contract to the applying agency for signature.
2. The contract entered into by the state and local agency will specify:
 - a. The purpose and nature of the project;
 - b. That personnel for projects of county welfare departments and other public agencies will be selected under Merit System or Civil Service procedures.
 - c. That the contracting agency will make all necessary expenditures subject to state reimbursement. Total state reimbursement is not to exceed the approved budget and will be made upon receipt of invoices from the contracting agency showing the itemized expenditures. Invoices to be submitted not more frequently than once a month.

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- d. That the contract may be terminated by either party upon 30 days' written notice to the other party.
- e. The project year covered by the contract and the total amount for the project year.

In the case of joint projects, (between more than one agency) a contract will be made with the major contractor (the agency which by agreement assumes fiscal responsibility for the total project) and the major contractor will formulate subcontracts with each participating agency.

3. Upon approval of the contract the following procedures apply:

- a. The SDSW will arrange with the county, counties, or other agencies for state consultation, participation, and evaluation as provided for in the project plan.
- b. Appropriate records must be kept up-to-date by the operating agency(ies) while the project is in progress.
- c. While the project is in progress, the operating agency(ies) must submit such reports as are required by the project plan.
- d. The SDSW and operating agency(ies) will make a joint evaluation of project progress at least once a year or at any time the agency(ies) or SDSW indicate that the project is not functioning effectively or the agency wishes to withdraw.

II

PUBLIC ASSISTANCE
 DEMONSTRATION AND EXPERIMENTAL PROJECTS
 AUTHORIZED BY
 (AB 1670), STATUTES OF 1961, CHAPTER 1567

A. INTRODUCTION

The 1961 California Legislature recognized the necessity to improve the administration of public assistance so as to minimize dependency and reduce the total costs of public welfare services by restorative and preventive measures, and to expand protective service to children and adults.

B. PURPOSE

As stated in the law, it is the intention of the Legislature to provide state assistance to counties to encourage them to establish demonstration and experimental projects calculated to achieve the above objectives.

C. STATE FUNDS

State funds are available for these projects. For projects which meet the Department of Health, Education and Welfare administrative and demonstration requirements, federal funds are also available. State and federal funds will be made available primarily for expanded personnel costs and county welfare departments will be required to provide other costs involved in the project operation.

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D. KINDS OF PROJECTS

The following list is suggestive of the kinds of projects which may be considered for planning, design and/or operation:

1. Projects directed toward assisting families and individuals toward economic and social independence; becoming better parents; or otherwise improving their ability to function as responsible and participating citizens.
2. To develop or produce training materials or visual aids; to identify the needs of families and children in the community; to develop effective methods of community action to eliminate hazards to the welfare of families and children; to take steps to improve programs, services, resources, and facilities to meet needs; to coordinate programs of various community agencies serving families and children.
3. To minimize the administrative differences between the several categories of public assistance.
4. To develop broad family service programs.
5. To develop employment counseling, training, and placement programs.
6. To extend rehabilitation and self-care services for handicapped and incapacitated persons not eligible for rehabilitation services offered by the Bureau of Vocational Rehabilitation.
7. To develop the use of medical, psychiatric, and casework consultation with public assistance clients.
8. To develop caseload management and case classification programs.
9. To develop homemaker services for families and adults.
10. To develop protective services for both children and adults.
11. To demonstrate the use of preventive services related to dependency, family breakdown, or personal maladjustment.
12. To stimulate the organization of broad community services programs in welfare departments and communities.
13. To develop community organizational approaches to problems presented by recipients from minority groups.
14. To select and give particular attention to the multi-problem family where dependency is associated with illegitimacy, parental behavior, delinquency, and other family relationship problems.

E. CRITERIA FOR EVALUATING PROJECT PROPOSALS

The law specified that criteria be established by the State Department of Social Welfare as the basis for evaluating eligibility of local proposals for matching state funds.

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Project proposals will be given priority according to the degree to which their relative value, practicability, usefulness, and most economical and effective use of the available project funds are evaluated under the following criteria:

1. Hold the most promise for:
 - a. Bringing about improved application of existing knowledge.
 - b. Making a contribution to general or specific knowledge regarding welfare program operations.
 - c. Solving a particular welfare problem or providing the basis for the solution of an administrative problem.
 - d. Having the widest area of application.
 - e. Improving techniques for applying present knowledge or methodology in public welfare.
2. Show that it can reasonably be expected that the project will be carried out with:
 - a. Adequate prior local consideration of what is involved so that local fiscal support can be assured.
 - b. Conviction on the part of local agency administration as to the purpose and aims of the project.
 - c. Good community acceptance.
3. Make the best use of project funds through a project plan which:
 - a. Utilizes the shortest period of study and the least funds necessary to accomplish project purposes.
 - b. Is reasonably simple, rather than complex, consistent with accomplishment of project purpose.
 - c. Holds the most promise for demonstrable results.
4. Show clearly in the project plan that:
 - a. The methodology for the project is feasible, adequate, and appropriate.
 - b. The project will be appropriately and adequately staffed, quantitatively and qualitatively, to accomplish project purposes.
 - c. There will be appropriate supporting staff, such as research, accounting, clerical, consultant service, etc.
 - d. There will be adequate space, equipment, and housekeeping services.

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- e. Record keeping and controls will be adequate and in keeping with the demonstration or experimental nature of the project.
 - f. The project may readily be coordinated with, and not be disruptive to, on-going agency operations.
 - g. There is provision for SDSW consultation and evaluation as required by the project; and for adequate control methods and operational relationships between the county or other agency and the State Department of Social Welfare.
 - h. Project staff will be kept on project activities as shown in the project budget, and not be diverted to other operations.
 - i. There is adequate provision for local control of project funds.
 - j. Plans for compilation, tabulation, and evaluation of the data are adequate and appropriate.
 - k. Plans for required periodic and final reports are provided for.
5. It seems likely that project results can be readily and effectively utilized in one or more of the following ways:
- a. Integration into the regular operations of the project agency.
 - b. Use of project results by other counties or agencies.
 - c. Reporting and interpretation to the public.

F. WHO MAY APPLY

County welfare departments may apply under Statutes of 1961, Chapter 1567; (AB 1670). Subcontracts from other public or private agencies must be submitted through county welfare departments and have their prior approval. The project application should state why a subcontract is necessary.

G. HOW TO APPLY

Use Application Form (GEN 188). Additional forms are available at the address below. See instructions on page 14.

H. WHERE TO APPLY

Project Director
State Department of Social Welfare
722 Capitol Avenue
Sacramento 14, California

I. PROJECT APPROVAL

Projects will be reviewed by the SDSW in relation to criteria and approved or disapproved. Where necessary for clarification, additional information will be requested.

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J. PROJECT CONTRACT

When the project is approved, State Department of Social Welfare will draw up a contract covering the period from the project starting date to the end of the fiscal year and send to the applying county welfare department for signature.

K. EVALUATION AND REPORT FOR LEGISLATURE

The county welfare department will transmit quarterly narrative reports on progress as well as required statistical reports, which will be integrated into a department report to the Legislature.

L. ASSISTANCE IN DEVELOPING PROJECT PROPOSALS

The State Department of Social Welfare will assist county welfare departments upon request. Contact:

State Department of Social Welfare
Los Angeles Area Office
Room 6009, State Office Bldg. 2
107 South Broadway
Los Angeles 12, California

State Department of Social Welfare
San Francisco Area Office
Room 664, Pacific Building
821 Market Street
San Francisco 3, California

State Department of Social Welfare
Sacramento Area Office
1530 Capitol Ave. (P.O. Box 816)
Sacramento, California

State Department of Social Welfare
CENTRAL OFFICE
722 Capitol Avenue
Sacramento, California

III
COMMUNITY SERVICE PROJECTS FOR OLDER PERSONS
(SB 437), Statutes of 1961, Chapter 1447

A. INTRODUCTION

The 1961 California Legislature, in recognition of the needs of older people, appropriated funds to assist local communities to develop opportunities and resources to fill these needs. Most communities are concerned about their older residents, but are handicapped by a lack of funds. This document outlines the means for obtaining state funds to participate in the cost of local projects.

B. PURPOSE

This is stated in the law thusly: "to promote local community activities which will further the efforts of older persons, their families, religious groups, Legislative bodies, public and voluntary social agencies, and related professions in accomplishing for older persons an opportunity to remain active and contributing members in their community to the fullest extent possible."

C. STATE FUNDS

Funds are available on a matching basis. The local share of funds may be in the form of services, facilities or cash derived from private contributions, foundation grants or tax levies.

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D. KINDS OF PROJECTS

The following list suggests some of the areas for projects:

1. To provide skilled social work service to older persons.
2. To provide consultant or staff service to assist interested groups in planning, developing and operating community programs for senior citizens.
3. To enable groups or agencies to conduct training programs for retired persons for community services in health, education, recreation and welfare fields.
4. To develop voluntary or paid employment opportunities whereby retired professional and skilled persons can utilize their knowledge.
5. To pay for some of the cost of operating senior citizen centers, workshops, craft centers and clubs; providing transportation; purchase of equipment.
6. To provide personnel to recruit, train and supervise volunteer programs for services to homebound or handicapped older persons.
7. To provide professional help to enable an individual to remain at home and avoid institutionalization, and to expedite discharge from nursing homes, hospitals, and state hospitals through use of homemaker, house-keeping, nursing and other community resources.
8. To operate home finding, placement and/or information and referral services.
9. To provide funds to pay for leadership training courses for older persons.
10. To develop expanded library services for the elderly. For example, book-mobiles to boarding homes, nursing homes, institutions and hospitals; study groups to discuss literature; films and books which increase community understanding of aging.
11. To provide classes and community meetings directed toward better understanding by the public of the aged and aging processes; directed for the aged toward self-improvement and development of avocational interests and retention of work skills.
12. To provide discussion groups of older persons on such subjects as "Good Nutrition and Good Health," "Getting to Know your Community," "Physical Fitness," "Why Hobbies are Important," "Should Older Persons Work."
13. To provide training to persons in various disciplines working with the aging.
14. To develop a directory of community resources - agencies and activities.
15. To conduct or contract for surveys and studies of the needs of the aged, their capabilities, etc.

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E. CRITERIA FOR PROJECTS

The law specifies that criteria be established by the State Department of Social Welfare as the basis for evaluating eligibility of local proposals for matching state funds. The Citizen's Advisory Committee on Aging and experts in the field of aging assisted in developing these criteria.

1. Preference will be given to less costly projects to spread available state funds to a number of communities and a wide variety of activities.
2. Preference will be given to cooperative projects involving the joint planning or operation by several public agencies within one jurisdiction or between several jurisdictions and between public and private groups and agencies.
3. Preference will be given to projects which have older persons do for older persons as either the planners or providers of the service.
4. Preference will be given to services new in a community.
5. Preference will be given to community organizing projects which generate public interest, develop leadership and stimulate local sponsorship and financing for needed programs.
6. Preference will be given to projects which assist the older person to sustain, regain, or learn new abilities as a contributing member of the community.
7. Matching state funds can be used for modest outlays to make a building more useable for older persons' programs, for rent, or for equipment. Due to the limited funds available for projects, construction of new buildings cannot be approved.
8. Financing shall be limited to those projects designed for persons over 50 years of age. If an activity is shared with younger age groups, state funds will match that proportion of costs serving older persons.
9. There shall be no discrimination on the basis of race, religion, creed, color, national origin and ancestry.

F. WHO MAY APPLY

City, county or other political subdivisions, public agencies such as welfare departments, recreation districts, school districts, libraries, health departments, etc., are eligible to apply for state funds. Though the application must be made by a public agency most projects will be of the greatest benefit if they represent joint efforts by public agencies and private agencies, groups and individuals.

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G. WHERE TO APPLY

Project Director
State Department of Social Welfare
722 Capitol Avenue
Sacramento 14, California

H. HOW TO APPLY

Use Application Form (GEN 188). Additional forms are available at above address. See instructions on page 14.

I. PROJECT APPROVAL

Projects will be reviewed by the State Department of Social Welfare in relation to criteria, and approved or disapproved. Where necessary for clarification, additional information will be required.

J. PROJECT CONTRACT

When the project is approved, the State Department of Social Welfare will draw up a contract covering the period from the project starting date to the end of the fiscal year and send to the applying public agency for signature.

K. EVALUATION AND REPORT FOR LEGISLATURE

The public agency will transmit quarterly narrative reports on progress as well as required statistical reports, which will be integrated into a department report to the Legislature.

L. ASSISTANCE IN DEVELOPING PROJECT PROPOSALS

The State Department of Social Welfare will assist localities upon request.
Contact:

State Department of Social Welfare
Los Angeles Area Office
Room 6009, State Office Bldg. 2
107 South Broadway
Los Angeles 12, California

State Department of Social Welfare
San Francisco Area Office
Room 664, Pacific Building
821 Market Street
San Francisco, California

State Department of Social Welfare
Sacramento Area Office
1530 Capitol Avenue (P.O. Box 816)
Sacramento, California

State Department of Social Welfare
CENTRAL OFFICE
722 Capitol Avenue
Sacramento 14, California

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IV

CHILD WELFARE SERVICES FUNDS
(Title V - Section III - Social Security Act)

A. PURPOSE

Federal Child Welfare Services Funds are appropriated and made available to states to establish, extend and strengthen public welfare services for the protection and care of children; and for community organization projects in child welfare.

B. FUNDS MAY BE USED

1. To assist county welfare departments to provide child welfare services through participation in the cost of salaries of child welfare personnel.
2. To participate with local agencies or groups in community organization and planning activities in child welfare.

C. KINDS OF PROJECTS FOR PERSONNEL IN COUNTY WELFARE DEPARTMENTS

Child Welfare Services funds are a resource in developing or strengthening programs which will enable children to remain in their own homes and in providing or demonstrating services not currently available in the community. These include:

1. Casework service for children living in their own homes.
2. Protective services where cases of neglect are received by referral or complaint from other than the parent.
3. Homemaker service to prevent separation of children from their families.
4. Placement service for dependent and neglected children.
5. Casework service for unmarried mothers.
6. Community organization activities related to the development or demonstration of services for children.

D. PROCEDURE FOR CHILD WELFARE PERSONNEL PROJECTS

1. Criteria for Use of Funds for Child Welfare Personnel:
 - a. The project proposal shall include a statement of the total services for children and families provided by an agency and how personnel paid from Child Welfare Services Funds will strengthen or expand current child welfare services or provide new services.
 - b. There is community support for the service requested.

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- c. Child Welfare Services funds can not be used in lieu of other federal or state funds or the county matching share of ANC administrative costs.
- d. Personnel will meet merit system or civil service standards for child welfare classes.
- e. Professional supervision will be available for child welfare services workers.
- f. If two or more counties jointly submit a request for Child Welfare Services funds, the plan includes provision for administrative coordination between counties.

2. Who May Apply for Child Welfare Personnel Project Funds:

County welfare departments may apply individually or a joint plan may be submitted by two or more departments.

3. How to Apply:

Use Form GEN 188 plus a CWS 12 for Child Welfare projects.

4. Procedure for Approval:

Projects will be reviewed by the State Department of Social Welfare in relation to criteria and approved or disapproved. Where necessary, for clarification, additional information will be requested. Child Welfare Services plans must include approval by the U.S. Children's Bureau.

5. Plan for Claiming for Payment:

Reimbursement may be paid up to the amount specified in the agreement. Counties shall claim reimbursement on the administrative claim for expenditures as outlined in the agreement.

6. Relationship With the State Department of Social Welfare:

The State Department of Social Welfare will provide administrative, supervisory and consultative help to counties in relation to their total program of child welfare with specific reference to the ways in which personnel paid from Child Welfare Services funds are used.

7. State Department of Social Welfare in Evaluating and Reporting:

County welfare departments will transmit quarterly narrative reports on progress made in the provision of services related to the Child Welfare Services Plan, as well as statistical reports which will be integrated into a department report.

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E. PROCEDURES FOR COOPERATIVE CHILD WELFARE PROJECTS

The following materials relate to the use of Federal Child Welfare Services Funds for cooperative projects in community organization:

1. Kinds of Projects:

Projects must be related to community planning to meet the needs of children in the community. Examples of such projects are coordinating programs of various community agencies serving children and youth; taking steps to improve programs, services, resources and facilities to meet needs; developing effective methods of community action to provide protection for the welfare of children and youth, and to identify needs of children and youth in the community.

2. Criteria For Use of Funds for Child Welfare Cooperative Projects:

- a. The State Department of Social Welfare must be a participant in the project.
- b. The project plan must include provision for active participation of local agencies and other groups concerned with the objectives and achievement of the plan.
- c. Other funds must be available, as only a portion of the cost of the project may be met through Child Welfare Services Funds.
- d. The proposal must include plans for integrating the results of the project in the community.
- e. An incorporated group or agency must enter into a contract and agree to carry out the provisions.

3. Who May Apply:

Any public or voluntary agency or group of agencies may submit an application for a cooperative project to the State Department of Social Welfare.

4. Project Approval:

Projects will be reviewed by the SDSW in relation to criteria and approved or disapproved. Where necessary for clarification, additional information will be requested. For cooperative projects in community organization, approval must be received from the U.S. Children's Bureau.

5. Plan For Claiming For Payment:

Invoices requesting payment may be submitted monthly for reimbursement of expenditures made in accordance with the contract, up to the maximum provided in the contract.

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6. Relationship With The State Department of Social Welfare:

The proposal requesting Child Welfare Services funds for cooperative projects, must include the plan for State Department of Social Welfare participation.

7. SDSW Relationship in Evaluating and Reporting:

The project proposal shall include a plan for regular reporting of progress appropriate to the particular project. The public agency will transmit quarterly narrative reports on progress as well as required statistical reports, which will be integrated into a department report.

F. ASSISTANCE IN DEVELOPING PROJECT PROPOSALS

The State Department of Social Welfare will assist localities upon request.
 Contact:

State Department of Social Welfare
 Los Angeles Area Office
 Room 6009, State Office Bldg. 2
 107 South Broadway
 Los Angeles 12, California

State Department of Social Welfare
 San Francisco Area Office
 Room 664, Pacific Building
 821 Market Street
 San Francisco, California

State Department of Social Welfare
 Sacramento Area Office
 1530 Capitol Avenue (P.O. Box 816)
 Sacramento, California

State Department of Social Welfare
 CENTRAL OFFICE
 722 Capitol Avenue
 Sacramento 14, California

V

STATE OF CALIFORNIA
 DEPARTMENT OF SOCIAL WELFARE

Instructions for Preparing Applications for Experimental or Demonstration
 Project Funds

A. GENERAL INSTRUCTIONS

1. Method of Applying. Requests for project funds from the State Department of Social Welfare must be prepared on Form GEN 188. Applications may be submitted at any time. See Child Welfare Section _____ for use of Child Welfare Form 12 in county welfare personnel projects.
2. Use of Project Funds. Application may be made for funds for planning and designing a project; operation of a project already planned and designed; or for planning, designing, operating and evaluating projects.

Proposed projects may be directed toward the improvement and expansion of services already existing; the development of new services through experimentation and demonstration; the coordination of services; or a combination of these.

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CONTINUATION SHEET
**FOR FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE**
 (Pursuant to Government Code Section 11380.1)

3. Who May Apply. County welfare departments, other public agencies, or private agencies may apply for project funds for single agency projects or for joint projects among more than one agency. (See specific instructions below for application procedures for cooperative projects.)
4. Mailing Address for Applications. Send all applications for demonstration or experimental projects to the Project Director, State Department of Social Welfare, 722 Capitol Avenue, Sacramento 14, California. The original and first copy are to be submitted to the Project Director and the third copy to the State Department of Social Welfare Area Office.
5. Typing Instructions. Use the standard forms provided. For continuation sheets use white bond paper of standard size, typing one side only.

B. INSTRUCTIONS FOR COMPLETING PAGE 1 OF THE APPLICATION

1. Date of Application. Self-explanatory.
2. Title of Project. Enter brief, descriptive, specific title.
3. Type of Application. Check the appropriate boxes to show if application is being made for funds for: a new project; a continuing project; or for reopening a previously closed project. For continuing or reopened projects enter the previously assigned state number.
4. Phase of Projects. Check the appropriate boxes to show if application is made for: (a) planning and designing a project; (b) operating a project already designed; or (c) planning, designing, and operating a project.
5. Joint Projects. If this is an application for funds for a project involving subcontracts or agreements with other agencies, show the names and locations of the other agencies. One agency is to assume fiscal responsibility for the project; such applications must be accompanied by a proposed interagency agreement showing the fiscal and operational relationships relating to the project.
6. Amount of State Funds Requested
 - a. Enter the total amount of state funds required to carry on the project for the first budget year. Note: The amount entered here should be the same as the last entry, total costs, in the column State Funds on page 2 of the application.
 - b. Enter the total amount of state funds required, if any, to carry on the project for the total of all subsequent years. Note: This should be the same as the total of State Costs column on page 3 of the application.
 - c. For CWS funds for county personnel - show the percent of salaries requested. Also complete Form 12.

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7. Project Time Period

- a. Show beginning and closing dates for the first period of operation. The closing date will always be the last day of the fiscal year in which the project starts, or an earlier date.
- b. Show beginning and closing dates for project time period beyond the current period. (See Page 3 of the application. Continuation of a project beyond the fiscal year will depend on the availability of funds.)

8. Name of Applicant Agency. Self-explanatory.

9. Type of Agency. Check the appropriate box indicating whether the organization is a public or private agency.

10. Name, Title and Address and Telephone Number of Finance Officer. Identify the local agency person responsible for the financial aspects of the project to whom the project funds would be sent.

11. Name, Title, Address and Telephone Number of Official Authorized to Sign For Agency. Self-explanatory.

12. Signature of Authorizing Official. The application must carry the actual signature of the official authorized to sign for the agency or organization. In the case of a county welfare department, this will usually be the county welfare director. For private agencies it will be the agency executive.

13. Signature of Board of Supervisors or Private Agency Board. Applications from county welfare departments must carry the signature of the Clerk of the Board indicating board approval of the application. Applications from private agencies must carry the signature of the person authorized to approve for the agency board unless the agency executive has this authority.

DO NOT WRITE IN THIS SPACE

C. INSTRUCTIONS FOR COMPLETING PAGE 2 - PROPOSED BUDGET

The budget request presents the financial picture of the proposed project for the current fiscal year. The instructions for completing this section of the application should be followed carefully. Complete each of the budget sections - personnel, equipment, etc. If a section is not applicable, it should be so marked. Both state funds requested and the agency's share of the costs of the project are to be clearly indicated. The "Other" column should be used to show support available from other sources to supplement the project funds or to absorb part of the project cost, such as federal funds, foundation funds, or funds from other sources, etc.

Use continuation sheets if additional space is required to itemize, describe, or justify information requested in the instructions which follow. Mark each attached sheet, "Proposed Budget for Current Year" Continued.

Number each budget continuation sheet Page 2a, 2b, 2c, etc.

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CONTINUATION SHEET
**FOR FILING ADMINISTRATIVE REGULATIONS
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 (Pursuant to Government Code Section 11380.1)

1. Budget Period. Enter current beginning and closing budget period dates. The current budget period is from the first of the month in which the project starts through the last day of the fiscal year (June 30). These dates should be the same as those entered on Item 7a of Page 1 of the application.

2. Personnel

- a. Policy: State funds will be used to pay salaries and other compensation of professional, clerical, and other personnel in proportion to the time spent on the project. Project funds may not be used to pay for any personnel time spent on ongoing agency operations. Funds are to be used to expand services - not to replace existing local expenditures.

The kinds, and numbers of personnel assigned to or employed for the the project will depend on project purpose, content, scope, and methodology. For example, if the project is designed to demonstrate the effectiveness of services provided by trained caseworkers in connection with complex behavior problems, it may be necessary to employ trained staff including trained case supervisor(s). If the purpose is to test the effectiveness of untrained, but experienced, workers, currently employed staff could often be diverted from ongoing to project operations. Projects relating to the development of community resources may require the employment of staff with training or experience in community organization, or may utilize currently employed staff with interest and aptitude in this field, etc.

Personnel assigned to projects by county welfare departments or other public agencies must be selected in accordance with Merit System or Civil Service procedures as appropriate. Private agencies must show that personnel selected for or assigned to the project meet qualifications appropriate to the project positions to which they are to be assigned.

The resources of universities and colleges should be utilized to the greatest extent practicable. For certain kinds of projects, university faculty members and students may be the best available personnel resource, and in some instances may be able to coordinate project activities with their ongoing social research curriculum activities.

- b. Instructions: List number of employees by title, to be utilized on the project. County welfare departments or other public agencies should show the Merit System or Civil Service classification as well as the working title if different. If known, show the names of the prospective persons for the top project administrative and top supervisory positions. Show the proportion of time to be spent on the project for each position (full time, 1/2 time, etc.).

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(Pursuant to Government Code Section 11380.1)

In the case of joint projects show only personnel responsible to the individual applicant agency. Where one person is to be assigned to direct the total project, he should be shown for budget purpose on the budget of one of the participating agencies, and the interagency agreement should describe his administrative relationship and the fiscal agreement with respect to payment for his services by the participating agencies.

Show as a separate line item under the "Personnel" category the amount needed for social security taxes, retirement contributions, and similar taxes or payments to be made in connection with personnel employed on the project (except workman's compensation).

Total personnel costs are to be shown in the "state funds" column.

3. Travel

4. Consumable Supplies

5. Permanent Equipment

6. Other

a. Policy: (This applies to items 3, 4, 5, and 6 above)

- (1) Under AB 1670 (Statutes of 1961, Chapter 1567), County Demonstration Projects, the project agency or agencies will be responsible for the costs of travel, supplies, equipment, space, utilities, housekeeping services, tabulating services, printing of forms and reports, and other direct or indirect cost costs of the project other than personnel costs.

To the best of their ability, agencies should estimate project needs for each of these items and show that costs will be met either through special appropriations or through existing facilities. See previous page "Personnel" (State funds will be used to pay salaries and other compensation, etc.)

- (2) Under SB 437 (Statutes of 1961, Chapter 1447), Community Services for Older Citizens, the state will share with the agency or agencies (not to exceed 50%) in the total funds expended in connection with approved projects.

- (3) Child Welfare Services Funds may be used to: (a) assist county welfare departments to provide child welfare services through participation in the cost of salaries of child welfare personnel; and (b) participate with local agencies and groups in meeting a part of the cost of Cooperative Community projects.

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- b. Instructions: (This applies to items 3, 4, 5, and 6 above)

List in the appropriate spaces the items and services estimated to be needed, show how they will be available (use continuation sheets if necessary), and enter the approximate cost of each item in the "local funds" column.

7. Total Costs

Show the total amounts of state funds and local agency funds required.

D. INSTRUCTIONS FOR COMPLETING PAGE 3

1. Estimate of Future Requirements

- a. Policy: It is recognized that some projects will require time beyond the current fiscal year for their completion. To the extent possible within available appropriations, and provided reasonably satisfactory project progress is made, the State Department of Social Welfare will continue support until the project has accomplished its objectives.
- b. Instructions. Estimate the number of years state support will be required and as accurately as can be predicted the amount of state support needed and the agency share needed.

Enter project period dates for each fiscal year subsequent to the first budget period. For each period indicate the amount of state support required, amounts to be furnished from resources of the agency and any funds anticipated from other sources, such as foundations, etc.

E. INSTRUCTIONS FOR COMPLETING DESCRIPTION OF PROJECT PLAN

The outline below should be followed in describing and justifying the project plans. Use white bond paper of standard size, typing single spaced, on one side only, for continuation pages. Number the pages consecutively beginning with page 4. Enter the project title at the top of each continuation page. In the case of cooperative projects only one description should be submitted to cover the entire project plan.

Project Plan

- a. Purpose - Describe the general purpose of the project and provide a concise statement of its specific aims.
- b. Justification of the Project - (1) identify the problem with which the project will be concerned; (2) indicate the significance of the problem; (3) identify the specific contribution the project is expected to make, i.e., what will it demonstrate, what services will be provided, will it contribute to new knowledge, enlarge upon or test current knowledge, etc., and does it have a potential for integration into regular operations.

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- c. Methodology of Project - If application is made for funds for demonstration or experimentation, describe the method to be used in sufficient detail to make clear the type, character, scope, experimental design, and step-by-step procedures of the project. Include details of procedures, populations, experimental and control groups, giving size, how to be selected, and the differences in treatment between the two groups; factors involved, types of services to be provided; and other pertinent details as applicable.

If application is made for funds for the improvement of services now existing, describe the current services; the population served; case-loads, etc.; the administrative units and relationships within the agency or community; the expansion contemplated in terms of personnel and additional populations to be served or additional expansion or refinement of services; changes in administrative relationships, etc.

In the case of joint projects, specify the function or part each agency will take in relation to the total project.

- d. SDSW Participation - Describe the nature and extent of SDSW consultation, services, and other participation in the project.
- e. Plan for Evaluation - Describe the plan for compilation, analysis, evaluation and reporting of project results, including methodology of evaluation, SDSW participation, timing, and frequency of reports.
- f. Previous Work Done By Applicant on This Project - Summarize briefly any work the agency has already done that is related to the proposed project.

INSTRUCTIONS FOR USE OF FORM CWS 12 (REV. 11-58)

Form CWS 12 includes data essential to determine the amount of CWS funds to be included in the agreement between the SDSW and the county requesting partial salary reimbursement for specified CWS personnel.

General Instructions

Each position included in the request should be identified by Code A, B, C, etc. All information pertaining to one position should be listed across the page.

Column 1. Position Code and Classification

Identify the position by code and give classification, i.e., Position A - CWS I. If the position is filled, give name of incumbent. If not filled, mark vacant or new position.

Column 2 - 4. Salaries

Give the essential salary effective July 1. If the anniversary date is July 1, only one figure would be used, i.e., months covered 7/1/57 - 6/30/58, Monthly Rate, \$436 - Yearly Total - \$5,232.

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If the anniversary date for regular increase occurs during the fiscal year, this data should be included, i.e.,

Month Covered	Monthly Rate	Total for Year
7/1/57 - 10/1/57	\$415	
10/1/57 - 6/30/58	436	\$5,169

Column 5. Total Reimbursement Requested From All Programs

Include the percent of reimbursement requested for the specific position from all programs.

Column 6. Duty Statement

Information should be related to the statement in the narrative on duties of personnel in the section "Specific Request for CWS Funds." This statement should state more specifically the breakdown of assignment by program. For example, if a worker is to be assigned all nonassistance cases of children living in their own homes or where parents requesting a placement service are able to pay for care, this should be noted. Or, if a worker is carrying all placement cases and 90 percent are court wards receiving ANC, this should be indicated. The approximate breakdown of ANC family and ANC foster care cases should be noted.

Column 7 - 11. Estimated Percentage Charge to Program

The estimated charges to program in Column 7 - 11 should be based on the duty statement in Column 6. The statements in Column 6 should, therefore, be stated in such a way as to provide a base for the estimated program charges.

For general information regarding activities properly chargeable to program, see Fiscal Manual F-820 and F-835. Also see attached "Claiming and Reimbursement For County Child Welfare Positions in CWS Plan." If the duties of this position are not being changed from the previous year, records of time charges should provide a basis for estimating for the ensuing year. For new positions, estimates will have to be made based on anticipated assignments.

Attachments

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STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

APPLICATION FOR DEMONSTRATION OR EXPERIMENTAL PROJECT FUND

INSTRUCTIONS: PREPARE 3 COPIES. SEND ORIGINAL & ONE COPY TO SDSW CENTRAL OFFICE. SEND A COPY TO AREA OFFICE.

APPLICATION IS HEREBY MADE FOR A FUND IN THE AMOUNT AND FOR THE DATES AS INDICATED FOR PART OF THE COST OF CONDUCTING THE PROJECT LISTED BELOW.

1. DATE OF APPLICATION

2. TITLE OF PROJECT:

DEPARTMENT USE ONLY
STATE NUMBER

3. TYPE OF APPLICATION:

☐ NEW

☐ REOPENED

☐ CONTINUING

STATE NUMBER

4. PHASE OF PROJECT:

☐ DESIGNING AND PLANNING

☐ OPERATION

5. IF THIS IS A COOPERATIVE PROJECT WITH OTHER AGENCIES, SHOW NAME(S) AND ADDRESS(ES) BELOW. ATTACH OTHER SHEETS IF NECESSARY. (APPLICATIONS FROM ALL AGENCIES INCLUDED IN THE PROJECT MUST BE SUBMITTED WITH INTERAGENCY AGREEMENT).

A.

B.

C.

6. AMOUNT OF FUND REQUESTED FROM STATE

A. CURRENT FISCAL YEAR

B. FUTURE YEAR(S)

7. PROJECT TIME PERIOD - SPECIFY BEGINNING AND ENDING DATE:

A. CURRENT FISCAL YEAR

B. FUTURE YEAR(S)

8. NAME OF APPLICANT AGENCY

9. TYPE OF APPLICANT AGENCY

☐ PUBLIC

☐ PRIVATE

10. FINANCIAL OFFICER: GIVE NAME, ADDRESS, TITLE AND TELEPHONE NUMBER.

11. OFFICIAL AUTHORIZED TO SIGN FOR THE AGENCY: GIVE NAME, ADDRESS, TITLE AND TELEPHONE NUMBER

12. SIGNATURE OF THE ABOVE AUTHORIZED OFFICIAL

DATE

13. SIGNATURE OF BOARD OF SUPERVISORS OR PRIVATE AGENCY BOARD

DATE

FORM GEN 188 (6-61)

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BUDGET REQUEST FOR CURRENT YEAR

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1. PROPOSED BUDGET PERIOD. (SAME AS ITEM 7A OF PAGE 1) GIVE BEGINNING AND ENDING DATES.	FUND AMOUNT REQUIRED		
	STATE	COUNTY OR LOCAL AGENCY	OTHER
2. PERSONNEL: (SPECIFY FULL OR PART TIME - LATTER IN FRACTIONS E.G. 1/2 TIME, 1/4 TIME ETC.)			
3. TRAVEL			
4. CONSUMABLE SUPPLIES			
5. PERMANENT EQUIPMENT			
6. OTHER EXPENSES			
7. TOTAL COSTS	(SAME AS ITEM 6A PAGE 1)		

FORM GEN 188 (8-61)

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
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(Pursuant to Government Code Section 11380.1)

ESTIMATE OF FUTURE FUND REQUIREMENTS

FUND PERIOD DATES	FUND AMOUNT REQUIRED		
	STATE	COUNTY OR LOCAL AGENCY	OTHER
TOTAL COSTS			

PROJECT PLAN OUTLINE

INSTRUCTIONS: USE CONTINUATION PAGES TO GIVE DETAILS OF THE PROJECT PLAN AND OTHER NECESSARY DATA IN ACCORDANCE WITH THE NARRATIVE INSTRUCTIONS. NUMBER EACH PAGE CONSECUTIVELY BEGINNING WITH PAGE 4. USE THE OUTLINE BELOW.

- A. PURPOSE.
- B. JUSTIFICATION OF THE PROJECT.
- C. METHODOLOGY OF THE PROJECT.
- D. STATE DEPARTMENT OF SOCIAL WELFARE PARTICIPATION.
- E. PLAN FOR EVALUATION.
- F. PREVIOUS WORK DONE BY APPLICANT ON THIS PROJECT.

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STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

DATA TO SUPPORT REQUEST FOR CWS REIMBURSEMENT

FOR _____ COUNTY CWS PERSONNEL

YEAR _____

NAME OF PERSON, AND POSITION CODE AND CLASSIFICATION	SALARIES			PERCENT TOTAL REIMBURSEMENT REQUESTED FROM ALL PROGRAMS	DUTY STATEMENT	ESTIMATED CHARGES TO PROGRAMS (%)				
	MONTHS COVERED	RATES	TOTAL FOR YEAR			ABC		CWS	BHL&I	ADOP.
						FAMILY CASE	FOSTER CARE CASES			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)

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FACE SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

W&IC 103

RECEIVED FOR FILING SEP 29 1961 Office of Administrative Procedure ENDORSED APPROVED FOR FILING (GOV. CODE 11380.2) SEP 29 1961 Office of Administrative Procedure DO NOT WRITE IN THIS SPACE	Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by: State Department of Social Welfare (Agency) Dated: September 28, 1961 By: <i>J. M. Wedemeyer</i> Director (Title)	FILED In the office of the Secretary of State of the State of California SEP 28 1961 At 3:55 o'clock P.M. FRANK M. JORDAN, Secretary of State By: <i>John L. Tuttle</i> Assistant Secretary of State DO NOT WRITE IN THIS SPACE
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DEPARTMENT BULLETIN NO. 617 (OAS)

TO: COUNTY WELFARE DEPARTMENTS

Subject: Modification of Responsible Relative Law Effective January 1, 1962 (OAS)

1. Notification to Relatives and Recipients
2. Redetermination of Liability

Chapter 1997 (SB 134), which is effective September 15, 1961, and operative January 1, 1962, makes substantial modifications in liability of responsible relatives under the OAS law. Appropriate revisions in regulations to implement the bill have been adopted.

The following actions with respect to notifying relatives and recipients of the change in the law and redetermining liability are required:

1. Notification

Notification of the change in the Responsible Relative Law is to be given to:

- a. All relatives with current liability who are contributing.
- b. All recipients.

A brief brochure, describing the changes in the Responsible Relative Law, is being prepared by the SDSW and is to be used as notification to relatives and recipients. Supplies of this brochure will be shipped to the counties as soon as available in quantities estimated to meet individual county requirements. Counties may order additional supplies as needed.

The brochure is to be sent by counties, on December 1, 1961, to relatives as specified in a. above and to all recipients of OAS as an enclosure with the December 1961 warrant.

2. Redetermination of Liability

Primary responsibility rests with the relative to request redetermination of his liability. Redetermination under the amended law is to be made immediately upon request of the relative. If the recipient makes the request, the relative is to be contacted and liability is to be redetermined if the relative confirms the request. (The effective date of such redetermination will be the first of the month in which the request is received or January 1, 1962, whichever is later.) In the absence of a request from the relative or recipient, redetermination of liability is to be made at the time of the first annual reinvestigation after January 1, 1962.

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

W&IC 115, 116

EDMUND G. BROWN, GOVERNOR

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

J. M. WEDEMEYER, DIRECTOR

722 CAPITOL AVENUE, SACRAMENTO 14

August 30, 1961

DEPARTMENT BULLETIN NO. 612 (STAT)

TO: COUNTY WELFARE DEPARTMENTS

Subject: Reporting of ANC-FG
Children in Foster
Care Effective
August 1, 1961

Monthly reporting on ANC-FG children in foster care is required beginning with reports for the month of August 1961, the first month during which federal reimbursement for such children may be claimed under the provisions of ANC manual Section C-319.

Statistical reporting provisions are consistent with fiscal reporting requirements in that ANC-FG children in foster care are to be considered on the various reports as part of the ANC-FG caseload. That is, children in foster care receiving ANC are separated into those for whom federal reimbursement is available (ANC-FG children in foster care) and those for whom federal reimbursement is not available (ANC-BHI).

R&S reports affected by this bulletin are:

S-212: ANC Caseload and Expenditures Report (Form CA 237)

Complete Item 14, beginning with the report for August, in accordance with instructions given in S-212.53.

S-220: ANC-FG Medical Care Services and Expenditures Report (Form CA 260-FG)
and
ANC-BHI Medical Care Services and Expenditures Report (Form CA 260-BHI)

Report medical care provided children in foster care on the form corresponding with the program under which they were eligible in the month service was given. For example, if a child was receiving aid as an "ANC-FG child in foster care" when medical services were given, report the payment on CA 260-FG. If the child was receiving aid as an ANC-BHI child when medical services were given, report the payment on CA 260-BHI.

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(Pursuant to Government Code Section 11380.1)

S-261: Distribution of Payments Reports (265 Series)

Submit, by November 16, 1961, supplemental payroll(s) showing ANC-FG children in foster care for whom payments were made during October (study month changed from September to October by Department Bulletin No. 610). Specific instructions appear in S-261.10, S-261.20, and S-261.30, according to the reporting method chosen as the means of completing this report.

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DEPARTMENT BULLETIN NO. 612 (STAT)
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WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

W&IC 103

EDMUND G. BROWN, GOVERNOR

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

J. M. WEDEMEYER, DIRECTOR

722 CAPITOL AVENUE, SACRAMENTO 14

September 28, 1961

DEPARTMENT BULLETIN NO. 618 (AB, ATD)

TO: COUNTY WELFARE DEPARTMENTS
COUNTY BOARDS OF SUPERVISORS
COUNTY AUDITORS

Subject: Elimination of Relative
Responsibility in AB, ATD,
Effective January 1, 1962

Senate Bills 135 and 136 (Chapters 1998 and 1999 of the Statutes of 1961) recently enacted by the Legislature eliminates relative liability for support of AB and ATD recipients. Also, relatives may not be held liable for the cost, in whole or in part, of medical, hospital, or other services provided recipients by the county. Appropriate changes in the Manual of Policies and Procedures will be made in connection with these legislative changes effective January 1, 1962.

It is believed that no routine contact with relatives is either indicated or desirable after January 1, 1962. Ordinarily the statement of the applicant or recipient as to the receipt and amount of any voluntary contributions from relatives should suffice.

Notification to Responsible Relatives

All relatives contributing to the support of AB or ATD recipients on the basis of liability for support in accordance with present regulations shall be notified on December 1, 1961, that they no longer are liable for support under the law. Sample attachment "A" may be used for this purpose. Relatives who are contributing voluntarily, without legal liability need not be notified and the county may assume such contributions will continue unless the recipient notifies the county or there are other reasons to believe that the contributions will cease or will be modified.

Notification to Recipients

Any recipient of AB or ATD who receives contributions from relatives having legal liability for support under current regulations shall be notified on December 1, 1961, that the relative is being informed about the termination of legal liability on January 1, 1962. Sample attachment "B" may be used for this. Recipients receiving voluntary contributions from relatives without legal liability need not be notified.

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WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

(Sample Attachment "A")

NOTIFICATION TO RESPONSIBLE RELATIVES WHO HAVE HAD LEGAL LIABILITY FOR SUPPORT

(Name of applicant or recipient)

(State Number)

(County Number)

The State Legislature in its 1961 session repealed the responsibility of relatives for support of applicants and recipients of Aid to the Blind, and Aid to the Disabled. Formerly responsible relatives were the spouse, parents and adult children. The repeal of responsibility becomes effective January 1, 1962.

In the determination of the amount of aid to which an applicant or recipient (of Aid to the Blind or Aid to the Disabled) is eligible, any contribution from any source in cash or in kind, must be known to the county welfare department. Therefore, please complete the following information and return the form to:

Beginning January 1, 1962, I will make a voluntary contribution toward the support of the above person ☐ Yes ☐ No

If the answer is "Yes," my contribution will be as follows:

☐ Cash \$ _____
(Amount)

☐ Free rent

☐ Free board

☐ Other (specify)

(Signature of relative)

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

(Sample Attachment "B")

NOTIFICATION TO RECIPIENTS RECEIVING SUPPORT FROM RELATIVES HAVING LEGAL LIABILITY

(Name of applicant or recipient)

(State number)

(County number)

The State Legislature in its 1961 session repealed the responsibility of relatives for the support of applicants and recipients of Aid to the Blind and Aid to Disabled. Formerly, responsible relatives were the spouse, parents and adult children. The repeal of responsibility becomes effective January 1, 1962.

In the determination of the amount of aid to which an applicant or recipient of Aid to the Blind, or Aid to the Disabled is eligible, any contribution from any source in cash or in kind must be known to the county welfare department. Therefore, we are notifying any relative who has been contributing to your support because of legal liability that this liability ends on January 1, 1962. We are also asking whether any support, in cash or in kind, will be continued after that date as a voluntary contribution. The reply we receive from your relative may affect the amount of aid to which you are entitled. Any necessary adjustments will be processed as promptly as possible.

(County Welfare Department)

These Regulations are designated to become effective NOV 1 1961

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

RESOLUTION RE INCREASE IN AID TO THE BLIND

WHEREAS, Sections 3084 and 3472 of the Welfare and Institutions Code, as amended by Chapter 1229 of the Statutes of 1961, provide that the maximum grants for Aid to Needy Blind and Aid to Potentially Self-supporting Blind shall vary in accordance with the cost of living since January 1, 1960, and

WHEREAS, the State Social Welfare Board is authorized and directed to examine the facts relative to the percentage change in the average of cost of living indices as published by the United States Bureau of Labor Statistics for Los Angeles and San Francisco, and

WHEREAS, the State Social Welfare Board is required to select a base month for the computation of the change in cost of living and to order annual changes in the maximum grants whenever the examination of the facts relative to the cost of living direct that such an order be issued, and

WHEREAS, the latest available data published by the United States Bureau of Labor Statistics for Los Angeles and San Francisco is for the month of June 1961, and

WHEREAS, the average of the cost of living indices for Los Angeles and San Francisco for the month of June 1961 show that the cost of living has increased by 1.73 percent since December 1959, and

WHEREAS, this percentage when multiplied by \$115 and adjusted to the nearer dollar as required by Chapter 1229 of the Statutes of 1961, results in a product of two dollars, and

WHEREAS, the State Social Welfare Board is directed to add this amount to the maximum grants otherwise payable by law on January 1, 1962, now therefore be it:

RESOLVED, that pursuant to the provisions of Chapter 1229, Statutes of 1961, the State Social Welfare Board declares and directs that the maximum grants as specified in each of the following sections of the Welfare and Institutions Code shall on January 1, 1962, be deemed to read:

Section 3084	- \$117.80
Section 3084.01	- \$167.80
Section 3472	- \$117.80
Section 3472.01	- \$167.80

These Regulations are designated to become effective OCT 1 1961

DO NOT WRITE IN THIS SPACE